

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Medical Assistance Administration  
Olympia, Washington**

**To:** Outpatient Hospitals  
Managed Care Plans

**Memorandum No.: 05-56 MAA**  
**Issued:** June 30, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Contact:**  
1-800-562-6188

**Subject: Outpatient Hospitals: Program and Fee Schedule Updates**

**Effective for dates of service on and after July 1, 2005**, the Medical Assistance Administration (MAA) will:

- Implement legislatively appropriated vendor rate increases;
- Update both the outpatient hospital and the Outpatient Prospective Payment System (OPPS) fee schedules, to include new fees for dental services provided by OPPS hospitals and coverage policy changes;
- Replace Section C of MAA's *Outpatient Hospital Services Billing Instructions*, to include billing information for certified diabetic education providers;
- Update to Legend page of the Revenue Code Grid in both the *Outpatient Hospital Services* and *Inpatient Hospital Services Billing Instructions*; and
- Remind providers about correct usage of ICD-9 diagnosis codes.

## **Maximum Allowable Fees**

MAA used the following resources in determining the maximum allowable fees:

- Year 2005 Medicare Physician Fee Schedule Data Base (MPFSDB) Relative Value Units (RVUs);
- Year 2005 Washington State Medicare Laboratory Fee Schedule; and

The Washington State **Legislature has appropriated a one (1.0) percent vendor rate increase** for the 2006 state fiscal year.

## Dental Services Provided by OPPS Hospitals

Effective for dates of service on and after July 1, 2005, MAA will reimburse OPPS hospitals and hospital/provider-based clinics for covered dental services as follows:

- Services performed in the operating room will receive a maximum allowable facility fee in accordance with the ambulatory surgery program reimbursement policies and fees. The first procedure of a dental service will be paid the group two (2) facility fee (currently \$336.04). The second procedure will be paid one half of the group two (2) rate. The payment for all other lines of dental services is bundled and is not reimbursed separately.
- Services not performed in the operating room will be paid only a maximum allowable professional fee in accordance with MAA's dental program reimbursement policies and fees. MAA will not make any additional payment for facility or supplies. See MAA's *Dental Services Billing Instructions for fees and related policies*.

## Changes to PET Scan Coverage

Effective for dates of service on and after July 1, 2005, MAA *will no longer cover* the following PET scans:

Procedure Code	Procedure Code	Procedure Code	Procedure Code
78491	G0038	G0214	G0229
78492	G0039	G0215	G0230
78609	G0040	G0216	G0231
78814	G0041	G0217	G0232
78815	G0042	G0218	G0234
78816	G0043	G0220	G0253
G0030	G0044	G0221	G0254
G0031	G0045	G0222	G0296
G0032	G0046	G0223	G0336
G0033	G0047	G0224	
G0034	G0125	G0225	
G0035	G0210	G0226	
G0036	G0211	G0227	
G0037	G0212	G0228	

The following PET scan procedure codes are the only PET scans covered by MAA for dates of service on or after July 1, 2005:

Type of Prior Authorization Required	Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee
*PA	G0330	Imaging, initial diagnosis cervical	BR
*PA	G0331	Pet imaging restage ovarian cancer	BR
EPA	78459	Heart muscle imaging (PET)	\$1177.60
EPA	78608	Brain imaging (PET)	BR
EPA	78811	Tumor imaging (PET), limited	\$1177.60
EPA	78812	Tumor imaging (PET),skull-thigh	\$1177.60
EPA	78813	Tumor imaging (PET), full body	\$1177.60

\*Not covered for OPPS hospitals.

## Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4<sup>th</sup> or 5<sup>th</sup> digits if necessary) or the entire claim will be denied.

## MAA's OPPS Budget Target Adjuster

The Washington State Legislature has appropriated a one and three tenths (1.3) percent targeted hospital rate increase for the 2006 state fiscal year.

Effective for dates of service on and after July 1, 2005, the OPPS budget target adjuster will be 0.858%

## Added Codes

Effective for dates of service on and after July 1, 2005, MAA will add the following procedure codes to MAA's outpatient hospital fee schedule:



**Note:** G0143-G0148 should not be billed in combination with 88141-88167.

Type of Prior Authorization Required	Procedure Code	Brief Description	July 1, 2005 Maximum Allowable Fee
	G0143	Scr c/v cyto,thinlayer,rescr	\$23.21
	G0144	Scr c/v cyto,thinlayer,rescr	\$24.48
	G0145	Scr c/v cyto,thinlayer,rescr	\$30.35
	G0147	Scr c/v cyto, automated sys	\$13.04
	G0148	Scr c/v cyto, autosys, rescr	\$17.41

## Fee Schedules

Maximum allowable fees for the year 2005 additions are included in the July 2005 Outpatient Hospital Fee Schedule.

The updated Outpatient Hospital Fee Schedule and the updated OPPS Fee Schedule are available electronically on MAA's website at <http://maa.dshs.wa.gov> (click on the **Billing Instructions/Numbered Memoranda** link and then click on the **Fee Schedules** link).

## Sleep Centers of Excellence

MAA has added the following Sleep Centers to MAA's Sleep Centers of Excellence list:

MAA Approved Sleep Centers	Location
Columbia Sleep Laboratory	Richland, WA
Sleep Center At Memorial	Yakima Valley Memorial Hospital, Yakima, WA

The updated Sleep Centers of Excellence list is in MAA's current *Outpatient Hospitals Billing Instructions* and is available electronically on MAA's website at <http://maa.dshs.wa.gov> (click on the **Billing Instructions/Numbered Memoranda** link).

## Billing Instructions Replacement Pages

Attached are:

- Section C of MAA's current *Outpatient Hospital Services Billing Instructions*. This section now contains billing information for Certified Diabetic Education providers;
- Replacement pages E.21-E.24 for both the *Outpatient Hospital Services and Inpatient Hospital Services Billing Instructions*;
- Section F of MAA's current *Outpatient Hospital Services Billing Instructions*. This contains the 2005 fee schedule.



**Note:** Due to its licensing agreement with the American Medical Association regarding the use of CPT codes and descriptions, MAA publishes only the official brief descriptions for all codes. Please refer to your current CPT book for full descriptions.

## How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the **Billing Instructions/Numbered Memoranda** or **Provider Publications/Fee Schedules** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
  - a) Click **General Store**.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either **I'm New** or **Been Here**.
    - ii. If new, fill out the registration and click **Register**.
    - iii. If returning, type your email and password and then click **Login**.
  - c) At the **Store Lobby** screen, click **Shop by Agency**. Select **Department of Social and Health Services** and then select **Medical Assistance**.
  - d) Select **Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction**. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)



# Authorization

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## What is prior authorization?

Prior authorization is MAA approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. ***Expedited prior authorization and limitation extensions are forms of prior authorization.***

- ***Positron Emission Tomography (PET) scans:***  
MAA covers PET scans only after prior authorization is obtained from MAA.
- ***Osseointegrated Implants:***  
MAA requires prior authorization for osseointegrated implants. **Bill using revenue code 278** and attach an invoice for the osseointegrated implant to the UB-92 claim form. MAA reimburses providers using the Ratio of Costs-to-Charges (RCC) method.
- ***Cochlear Implant Services:***  
MAA requires prior authorization for cochlear implant services and reimburses for new or refurbished replacement parts. **Bill using revenue code 278** and attach an invoice for the cochlear implant to the UB-92 claim form. MAA reimburses providers using the RCC method.

<p><b>To request prior authorization, providers must follow the same process used for limitation extensions (see page C.12).</b></p>
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## What is expedited prior authorization (EPA)?

EPA is designed to eliminate the need for written authorization. MAA establishes authorization criteria and identifies the criteria with specific codes, enabling providers to create an EPA number using those codes.

To bill MAA for diagnostic conditions, procedures, and services that meet the EPA criteria on the following pages, the provider must **create a 9-digit EPA number**. The first six digits of the EPA number must be **870000**. The last 3 digits must be the code assigned to the diagnostic condition, procedure, or service that meets the EPA criteria (pages C.4 - C.10). Enter the EPA number on the billing form in *form locator 63*, or in the *Authorization* field when billing electronically.

**Example:** The 9-digit authorization number for additional physical therapy units for a client who has used 48 physical therapy units this calendar year and subsequently has had knee surgery, would be **870000640**.

**870000** = first six digits of all expedited prior authorization numbers;

**640** = last three digits of an EPA number verifying that criteria set 640 is met and evidenced in the client's medical record.

- MAA denies claims submitted without the appropriate diagnosis, procedure code, or service as indicated by the last three digits of the EPA number.
- The billing provider must document in the client's file how the expedited prior authorization criteria were met, and make this information available to MAA on request.



## MRI and MRAs

All outpatient MRIs and MRAs require expedited prior authorization (EPA).

## Surgeries

The following surgeries require EPA, unless noted otherwise:

Current Selected Outpatient/Inpatient Surgeries	CPT Procedure Code(s)	Allowed Only for These ICD-9-CM Diagnosis Codes
Reduction Mammoplasty Mastectomy for Gynecomastia	19318	*611.1, *611.9 Hypertrophy of Breast or Gynecomastia
Hysterectomies for clients age 45 and under.	51925, 58150-58285, 58545, 58546, 58550, and 59525  <b>Note:</b> CPT codes 58152 and 58267 must meet guidelines for both hysterectomies and bladder repair.	
<b>Note:</b> The following ICD-9-CM diagnosis codes <b>do not require authorization:</b> 179-184.9, 198.6 – Ovary; 198.82 – Genital Organs; 233.1-233.3 –Carcinoma in situ of cervix, uterus, or genital organs; 236.0-236.3 – Neoplasms of uncertain behavior of uterus, ovary or genital organs; 239.5 – cancer in other genital/urinary organs.		
Bladder Repair.	51840-51845, 57288-57289, 58152, and 58267	*625.6, 788.30-788.39

\* If there is a diagnosis code(s) in the 3<sup>rd</sup> column of the above table, the diagnosis code must be billed along with the CPT procedure code in order to be reimbursed by MAA.

## Washington State Expedited Prior Authorization Criteria Coding List

Code	Criteria	Code	Criteria
<b>Abdominal Hysterectomy</b>		<b>Vaginal Hysterectomy</b>	
<b>CPT: 58150, 58180, 58200, 58210</b>		<b>CPT: 58270-58285, 58550-58554, 58260-58263, 58290, 58291-58292, and 58294</b>	
<b>101</b>	Diagnosis of <b><u>abnormal uterine bleeding</u></b> in a client 30 years of age or older with <u>two or more</u> of the following conditions: <ol style="list-style-type: none"> <li>1) Profuse uterine bleeding requiring extra protection more than eight days a month for more than 3 months.</li> <li>2) Documented hct of &lt;30 or hgb &lt;10</li> <li>3) Documented failure of conservative care i.e.: d&amp;c, laparoscopy, or hormone therapy for at least three months.</li> </ol>	<b>111</b>	Diagnosis of <b><u>abnormal uterine bleeding</u></b> in a client 30 years of age or older with <u>two or more</u> of the following conditions: <ol style="list-style-type: none"> <li>1) Profuse uterine bleeding requiring extra protection more than eight days a month for more than 3 months.</li> <li>2) Documented hct of less than 30 or hgb less than 10.</li> <li>3) Documentation of failure of conservative care i.e.: d&amp;c, laparoscopy, or hormone therapy for at least three months.</li> </ol>
<b>102</b>	Diagnosis of <b><u>fibroids</u></b> for any <u>one</u> of the following indications in a client 30 years of age or older: <ol style="list-style-type: none"> <li>1) Myomata associated with uterus greater than 12 weeks or 10cm in size</li> <li>2) Symptomatic uterine leiomyoma regardless of size with profuse bleeding more than eight days a month for three months requiring extra protection or documented hct &lt;30 or hgb &lt;10</li> <li>3) Documented rapid growth in size of uterus/myomata by consecutive ultrasounds or exams.</li> </ol>	<b>112</b>	Diagnosis of <b><u>fibroids</u></b> for any <u>one</u> of the following indications in a client 30 years of age or older: <ol style="list-style-type: none"> <li>1) Myomata associated with uterus greater than 12 weeks or 10cm in size</li> <li>2) Symptomatic uterine leiomyoma regardless of size with profuse bleeding more than eight days a month for three months requiring extra protection or documented hct less than 30 or hgb less than 10</li> <li>3) Documented rapid growth in size of uterus/myomata by consecutive ultrasounds or exams.</li> </ol>
<b>103</b>	Diagnosis of <b><u>symptomatic endometriosis</u></b> in a client 30 years of age or older with the following: <ol style="list-style-type: none"> <li>1) Significant findings per laproscope <u>and</u></li> <li>2) Unresponsiveness to 3 months of hormone therapy or cauterization.</li> </ol>	<b>113</b>	Diagnosis of <b><u>symptomatic endometriosis</u></b> in a client 30 years of age or older with the following: <ol style="list-style-type: none"> <li>1) Significant findings per laproscope; <u>and</u></li> <li>2) Unresponsiveness to 3 months of hormone therapy or cauterization.</li> </ol>
<b>104</b>	Diagnosis of <b><u>chronic advanced pelvic inflammatory disease</u></b> in a client 30 years of age or older with infection refractory to multiple trials of antibiotics	<b>114</b>	Diagnosis of <b><u>chronic advanced pelvic inflammatory disease</u></b> in a client 30 years of age or older with infection refractory to multiple trials of antibiotics.

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Code	Criteria	Code	Criteria
115	Diagnosis of <u>symptomatic pelvic relaxation</u> (in a client 30 years of age or older) with a 3rd degree or greater uterine prolapse (at or to vaginal introitus).	226	<u>Hysterectomy not requiring authorization</u> (see page 6) and <u>Stress Urinary Incontinence</u> meeting criteria 201 previously listed.
<b>Bladder Neck Suspension</b> 51840-51845, 57288-57289		<b>Other Hysterectomies and/or Bladder Repairs with Diagnosis of 625.6 or 788.3</b> <b>CPT:</b> 51840-51845, 51925, 57288-57289, 58150, 58152, 58180, 58200, 58210, 58240, 58260-58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58550-58554, and 59525	
201	Diagnosis of <u>stress urinary incontinence</u> with all of the following: <ol style="list-style-type: none"> <li>1) Documented urinary leakage severe enough to cause the client to be pad dependent; <u>and</u></li> <li>2) Surgically sterile or past child bearing years; <u>and</u></li> <li>3) Failed conservative treatment with one of the following: bladder training or pharmacologic therapy; <u>and</u></li> <li>4) Urodynamics showing loss of ureterovesical angle or physical exam showing weak bladder neck <u>and</u></li> <li>5) Recent gynecological exam for coexistent gynecological problems correctable at time of bladder neck surgery.</li> </ol>	230	Hysterectomies and/or bladder repairs not meeting expedited criteria, but medically necessary as clearly evidenced by the information in the client's medical record.
<b>Hysterectomy with Colopouretrocystopexy</b> <b>CPT:</b> 51925, 58152, 58267, and 58293		<b>Reduction Mammoplasties/ Mastectomy for Gynecomastia</b> <b>CPT:</b> 19318, 19140 <u>Dx. 611.1 and 611.9 only</u>	
221	Diagnosis of <u>Abnormal uterine bleeding and Stress Urinary Incontinence</u> -meeting criteria 101 or 111 and 201 as above.	241	Diagnosis for <u>hypertrophy of the breast</u> with: <ol style="list-style-type: none"> <li>1) Photographs in client's chart, <u>and</u></li> <li>2) Documented medical necessity including:               <ol style="list-style-type: none"> <li>a) Back, neck, and/or shoulder pain for a minimum of one year, directly attributable to macromastia, <u>and</u></li> <li>b) Conservative treatment not effective; <u>and</u></li> </ol> </li> <li>3) Abnormally large breasts in relation to body size with shoulder grooves, <u>and</u></li> <li>4) Within 20% of ideal body weight, <u>and</u></li> <li>5) Verification of minimum removal of 500 grams of tissue from each breast.</li> </ol>
222	Diagnosis of <u>Fibroids and Stress Urinary Incontinence</u> -meeting criteria 102 or 112 and 201 as above.	242	Diagnosis for <u>gynecomastia</u> : <ol style="list-style-type: none"> <li>1) Pictures in clients' chart, <u>and</u></li> <li>2) Persistent tenderness and pain, <u>and</u></li> <li>3) If history of drug or alcohol abuse, must have abstained from drug or alcohol use for no less than one year.</li> </ol>
223	Diagnosis of <u>Symptomatic Endometriosis and Stress Urinary Incontinence</u> -meeting criteria 103 or 113 and 201 as above.		
224	Diagnosis of <u>Chronic Pelvic Inflammatory Disease and Stress Urinary Incontinence</u> - meeting criteria 104 and 114 as above.		
225	Diagnosis of <u>Symptomatic Pelvic Relaxation and Stress Urinary Incontinence</u> - meeting criteria 115 and 201 as above.		

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Code	Criteria	Code	Criteria
<b>Other Reduction Mammoplasties/ Mastectomy for Gynecomastia with Diagnosis of 611.1 or 611.9</b> <b>CPT: 19318 and 19140</b> <b>250</b> Reduction mammoplasty or mastectomy, not meeting expedited criteria, but medically necessary as clearly evidenced by the information in the client's medical record.		<b>304</b> <b>Follow up</b> of <b>brain tumor</b> if done at: <ol style="list-style-type: none"> <li>1) Three months from the date of last MRI and in the first two years of diagnosis in any of the following cases:               <ol style="list-style-type: none"> <li>a) Tumor is currently being treated</li> <li>b) Post treatment</li> <li>c) With documented changes in tumor size <u>or</u></li> </ol> </li> <li>2) Six months from the date of last MRI and in the second to fifth years of diagnosis <u>or</u></li> <li>3) One year from the date of last MRI in the sixth to tenth year of diagnosis <u>or</u></li> <li>4) Symptoms of recurrence in a client that would be treated aggressively</li> </ol>	
<b>Brain Magnetic Resonance Imaging (MRI/MRA)</b> <b>CPT: 70544-70546, 70551-70559</b> <b>301</b> Suspected diagnosis of <b>acoustic neuroma</b> if one of the following: <ol style="list-style-type: none"> <li>1) Unilateral sensorineural hearing loss per audiogram, <u>or</u></li> <li>2) Decreased discrimination score that is out of proportion to amount of hearing loss per ENT evaluation, <u>or</u></li> <li>3) Positive or inconclusive computed tomography with a need for clearer definition, and one of the above.</li> </ol>		<b>305</b> Suspected diagnosis of <b>multiple sclerosis</b> with <u>three or more</u> of the following objective findings: <ol style="list-style-type: none"> <li>1) Progressive weakness or decreased sensation in extremities</li> <li>2) Difficulty word finding</li> <li>3) Diplopia</li> <li>4) Vertigo or vertigo nystagmus</li> <li>5) Optic neuritis</li> <li>6) Facial weakness</li> <li>7) Positive Lhermitte's sign</li> </ol>	
<b>302</b> Suspected diagnosis of <b>pituitary tumor</b> with any <u>two</u> of the following: <ol style="list-style-type: none"> <li>1) Galactorrhea</li> <li>2) Pre menopausal amenorrhea</li> <li>3) Elevated prolactin level (<b>females must have negative pregnancy test</b>) <u>or</u></li> <li>4) Positive or inconclusive computed tomography and one of the above with a need for clearer definition</li> </ol>		<b>Note to 305: Only for initial diagnosis, not as a follow-up.</b>	
<b>303</b> Suspected diagnosis of <b>brain tumor</b> with any one of the following: <ol style="list-style-type: none"> <li>1) Unexplained new onset seizure</li> <li>2) Objective evidence of increased intracranial pressure</li> <li>3) Positive or inconclusive computed tomography with a need for clearer definition, and <u>one</u> of the above</li> </ol>		<b>306</b> Suspected diagnosis of <b>toxoplasmosis versus lymphoma versus progressive multifocal leukoencephalopathy</b> in an HIV positive client with: <ol style="list-style-type: none"> <li>1) Central nervous system changes <b>in a client that would be aggressively treated</b> and</li> <li>2) Positive or inconclusive computed tomography with a need for clearer definition <b>in a client that would be aggressively treated</b></li> </ol>	
		<b>307</b> Diagnosis of <b>breast cancer</b> for staging as part of PSCT or BMT protocol.	

Code	Criteria	Code	Criteria
308	Suspected diagnosis of <b><u>seizure disorder</u></b> with unexplained onset of seizures.	4)	Upper extremity muscle atrophy
309	Diagnostic evidence of <b><u>refractory seizures</u></b> , as part of preoperative work up.	5)	Hyperreflexia
310	Suspected diagnosis of <b><u>residual tumor or residual vascular malformation</u></b>	6)	Positive babinski in non infant
<b>Lumbar MRI</b>		7)	Studies showing definitive nerve root compression, and ruling out carpal tunnel syndrome
CPT: 72148, 72149, 72158		<b>Note to 321: Carpal tunnel syndrome must be ruled out prior to cervical MRI when symptoms indicate possible carpal tunnel syndrome.</b>	
311	Suspected diagnosis of <b><u>Herniated Nucleus Pulposus or Tumor</u></b> in a surgical candidate with <u>two</u> or more of the following objective findings:	322	Suspected diagnosis of <b><u>tumor or abscess</u></b> with a bone scan or x-ray suspicious for same.
	1) New onset of bowel or bladder incontinence not related to known diagnosis	<b>Thoracic MRI</b>	
	2) Asymetric or bilaterally absent tendon reflexes in the lower extremity (patella/achilles)	CPT: 72146, 72147, 72157	
	3) Visible atrophy of key muscle groups of lower extremities	331	Suspected diagnosis of <b><u>tumor or abscess</u></b> :
	4) Decrease sensation in a dermatomal pattern not previously attributed to another diagnosis		1) With a bone scan or xray suspicious for same, <u>or</u>
	5) Significant weakness of key muscle groups of either or both lower extremity		2) Evidence of myelopathy, such as hyperreflexia, positive babinski in a non-infant, ataxia, etc.
	6) Positive study indicating definitive nerve root compression	<b>Pelvic MRI</b>	
312	Suspected diagnosis of <b><u>tumor or abscess</u></b> with a bone scan or x-ray suspicious for same.	CPT: 72195-72197	
<b>Cervical MRI</b>		341	Suspected diagnosis of <b><u>avascular necrosis</u></b> with:
CPT: 72141, 72142, 72156			1) Pain in the hip radiating to the knee <u>and</u>
321	Suspected <b><u>herniated nucleus pulposa or tumor</u></b> with <u>two or more</u> of the following objective findings:		2) A history of one of the following:
	1) Decreased tricep, bicep, or brachial radialis reflex		a) Previous trauma
	2) Decrease sensation in upper extremities in a dermatomal distribution		b) Intracapsular fractures
	3) Decreased muscle strength of upper extremities and limitation of movement		c) Alcoholism
			d) High dose steroid use
			e) Air embolism from diving, or
			f) Hemoglobinopathies
		342	Suspected diagnosis of <b><u>tumor or abscess</u></b> with a bone scan or x-ray suspicious for same

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Code	Criteria	Code	Criteria
<b>Knee MRI</b> CPT: 73721-73723		<b>Upper Extremity MRI</b> CPT: 73218-73223	
351	<p>Suspected <b><u>anterior cruciate ligament tear</u></b> when x-ray is negative for bony abnormalities, and the intent is to treat aggressively with at least <u>three</u> of the following:</p> <ol style="list-style-type: none"> <li>1) History of hyperextension injury with immediate swelling, and complaints of giving way or buckling, <u>or</u></li> <li>2) Four or more weeks of conservative care, <u>or</u></li> <li>3) Current exam with the following findings: hemarthrosis and/or positive Lockman's and/or positive pivot shift, <u>or</u></li> <li>4) MRI is necessary to choose treatment option(s).</li> </ol>	361	<p>Suspected diagnosis of <b><u>tumor or abscess</u></b> with a bone scan or x-ray suspicious for same.</p>
		<b>Lower Extremity MRI</b> CPT: 73718-73723, 73725	
		371	
		<p>Suspected diagnosis of <b><u>tumor or abscess</u></b> with a bone scan or x-ray suspicious for same.</p>	
		<b>Abdominal MRI</b> CPT: 74181-74183, 74185	
		381	
		<p>Suspected diagnosis of <b><u>tumor or abscess</u></b> with both of the following:</p> <ol style="list-style-type: none"> <li>1) Ultrasound positive for mass on the kidney, pancreas, or liver, <u>and</u></li> <li>2) Objective evidence of poor renal function.</li> </ol>	
		<b>Other MRI/MRA</b> All other MRI\MRAs	
		390	
		<p>MRIs/MRAs not meeting expedited criteria, but medically necessary/medically appropriate in accordance with established criteria. Evidence of medical appropriateness must be clearly evidenced by the information in the client's medical record.</p>	
		 <p><b>Note:</b> If billing for more than one MRI/MRA <u>for the same reason</u>, use criteria code 390.</p>	
		 <p><b>Note:</b> If billing for more than one MRI/MRA for different reasons, build two separate expedited prior authorization numbers.</p>	
352	<p>Suspected <b><u>posterior cruciate ligament tear</u></b> when x-ray is negative for bony abnormalities, and the intent is to treat aggressively with at least <u>two</u> of the following:</p> <ol style="list-style-type: none"> <li>1) History of direct blow to anterior tibia or forced hyperflexion, <u>or</u></li> <li>2) Four or more weeks of conservative care, <u>or</u></li> <li>3) Current clinical with <u>one or more</u> positive findings: positive drawers, test positive tibial sag.</li> </ol>		
353	<p>Suspected <b><u>meniscal tear</u></b> when x-ray is negative for bony abnormalities, and the intent is to treat aggressively with at least <u>two</u> of the following:</p> <ol style="list-style-type: none"> <li>1) History of twisting injury with subsequent catching, locking, and swelling, <u>or</u></li> <li>2) Four or more weeks of conservative care, <u>or</u></li> <li>3) <u>One or more</u> of the following exam findings: joint line tenderness, positive McMurrays.</li> </ol>		

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Code	Criteria	Code	Criteria
<p><b>PET scans are covered when any one of the follow PET code criteria sets are met and evidenced in the client's medical record and EPA number is assigned.</b></p> <p><b>PET Scan</b>  <b>CPT codes:</b> 78459, 78608, 78811-78113  <b>DX:</b> 793.1</p> <p><b>382</b> PET imaging regional or whole body when the client has a pulmonary nodule.</p>		<p><b>PET Scans</b>  <b>DX:</b> 172.0-172.9, 201.90-202.88</p> <p><b>385</b> PET Imaging whole body for re-staging of; melanoma, or lymphoma after completion of treatment for <b>one of the following reasons:</b></p> <ol style="list-style-type: none"> <li>1) To detect residual disease; or</li> <li>2) To detect suspected recurrence; or</li> <li>3) To determine the extent of known recurrence.</li> </ol>	
<p><b>PET Scans</b></p> <p><b>383</b> PET Imaging whole body to diagnose; lung cancer (non small cell), colorectal cancer, melanoma, or lymphoma <b>when at least one of the following is true:</b></p> <ol style="list-style-type: none"> <li>1) The PET results may assist in avoiding an invasive diagnostic procedure; or</li> <li>2) The PET results may assist in determining the optimal anatomical location to perform an invasive diagnostic procedure.</li> </ol>		<p><b>PET Scans</b></p> <p><b>386</b> PET Imaging whole body or regional to diagnose; head and neck cancer (excluding thyroid and CNS cancers), when <b>at least one of the following is true:</b></p> <ol style="list-style-type: none"> <li>1) The PET results may assist in avoiding an invasive diagnostic procedure; or</li> <li>2) The PET results may assist in determining the optimal anatomical location to perform an invasive diagnostic procedure.</li> </ol>	
<p><b>PET Scans</b>  <b>DX:</b> 162.0-162.9, 153.0-154.8, 172.0-172.9, 201.90-202.88</p> <p><b>384</b> PET Imaging whole body for initial staging of; lung cancer (non-small cell), colorectal cancer, melanoma, or lymphoma <b>when one of the following is true:</b></p> <ol style="list-style-type: none"> <li>1) The stage of the cancer is unclear after completion of a standard diagnostic work-up that includes conventional imaging (CT, MRI, or ultrasound); or</li> <li>2) The use of the PET could potentially replace one or more conventional imaging study when it is expected that conventional study information is insufficient for the clinical management of the patient; and</li> <li>3) The clinical management of the client would differ depending on the stage of the cancer identified.</li> </ol>		<p><b>PET Scans</b>  <b>DX:</b> 140.0-146.9, 148.0-148.1, 150.0-150.9, 160.0-160.8, 161.0-161.8, 173.0-173.8, 194.0-194.9, 197.3, 197.8, 198.2, 198.89</p> <p><b>387</b> PET Imaging whole body or regional for initial staging of; head and neck cancer (excluding thyroid and CNS cancers), or esophageal cancer when <b>at least one of the following is true:</b></p> <ol style="list-style-type: none"> <li>1) The stage of the cancer is unclear after completion of a standard diagnostic work-up that includes conventional imaging (CT, MRI, or ultrasound); or</li> <li>2) The use of the PET could potentially replace one or more conventional imaging study when it is expected that conventional study information is insufficient for the clinical management of the patient; and</li> <li>3) The clinical management of the client would differ depending on the stage of the cancer identified.</li> </ol>	

Code	Criteria	Code	Criteria
<b>PET Scans</b>		<b>PET Scans</b>	
<b>DX:</b> 148.0-148.9, 148.1, 160.0-160.9, 161.0-160.9, 173.0-173.9, 194.0-194.8, 197.3, 198.2, 198.89		<b>DX:</b> 162.0-162.9	
<b>388</b>	PET Imaging whole body or regional for re-staging of; head and neck cancer (excluding thyroid and CNS cancers after the completion of treatment for <b>one of the following</b> :  1) To detect residual disease; 2) To detect suspected recurrence; or 3) To determine the extent of known recurrence.	<b>393</b>	PET regional or whole body, gamma camera only, when the study is for <b>one of the following</b> :  1) A solitary pulmonary nodule following CT; or 2) Initial staging of pathologically diagnosed non-small cell lung cancer.
<b>PET Scans</b>		<b>PET Scans</b>	
<b>DX:</b> 345.11, 345.41, 345.54		<b>DX:</b> 174.0-174.9	
<b>389</b>	PET Imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures.	<b>394</b>	PET imaging, for breast cancer, full and partial ring, when the study is for <u>one</u> of the following:  1) Staging/restaging of local regional recurrence or distant metastases, i.e., staging/restaging after, or prior to, course of treatment; or 2) Evaluation of response to treatment, performed during course of treatment.
<b>PET Scans</b>		<b>PET Scans</b>	
<b>DX:</b> 410.0-410.9, 414.00-414.07, 414.8		<b>DX:</b> 171.4, 171.9, 193, 202.01	
<b>391</b>	PET Imaging; metabolic assessment for myocardial viability when a SPECT study is inconclusive.	<b>395</b>	PET imaging, full and partial ring, for restaging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan.
<b>PET Scans</b>		<b>Blepharoplasties</b>	
<b>DX:</b> 153.0-154.8, 172.0-172.9, 201.90--202.88		CPT: 15822, 15823, and 67901-67908	
<b>392</b>	PET WhBD, gamma cameras only, for one of the following reasons:  1) Recurrence of colorectal or colorectal metastatic cancer; 2) Recurrence of melanoma or metastatic melanoma; or 3) Staging and characterization of lymphoma.	<b>630</b>	Blepharoplasty for noncosmetic reasons when <u>both</u> of the following are true:  1) The excess upper eyelid skin impairs the vision by blocking the superior visual field; 2) On a central visual field test, the vision is blocked to within 10 degrees of central fixation.



Code	Criteria	Code	Criteria
<b>Strabismus Surgery</b> CPT: 67311-67340			
<b>631</b>	Strabismus surgery for clients 18 years of age and older when <u>both</u> of the following are true: <ol style="list-style-type: none"> <li>1) The client has double vision; and</li> <li>2) It is not done for cosmetic reasons.</li> </ol>		

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## What are Limitation Extensions?

Limitation extensions are cases when a provider can verify that it is medically necessary to provide more units of service than allowed in MAA's billing instructions and Washington Administration Code (WAC).



**Note:** Requests for limitation extensions must be appropriate to the client's eligibility and/or program limitations. Not all eligibility groups receive all services.

## How do I request a limitation extension?

There are two ways to request a limitation extension for Outpatient Hospital Services, depending upon the situation:

- 1) Providers may be able to obtain authorization for these limitation extensions using an expedited prior authorization number. These EPA numbers are subject to post payment review as in any other authorization process. (See "What is Expedited Prior Authorization" on page C.2 and "EPA Criteria Codes for Limitation Extensions" on page C.4.)
- 2) In cases where the client's situation does not meet the EPA criteria for a limitation extension, but the provider still feels that additional services are medically necessary, the provider must request MAA approval in writing.

### The request must state the following in writing:

1. The name and PIC number of the client;
2. The provider's name, provider number, and fax number;
3. Additional service(s) requested;
4. Copy of last prescription and date of last dispense;
5. The primary diagnosis code and CPT code; and
6. Client-specific clinical justification for additional services.

**Send a completed "Fax/Written Request Basic Information" form [DSHS #13-757] to:**

MAA - Division of Medical Management  
 Attn: Medical Request Coordinator  
 PO Box 45506  
 Olympia, WA 98504-5506  
 Fax (360) 586-1471

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## Expedited Prior Authorization Criteria Codes for Limitation Extension Requests

Code	Criteria	Code	Criteria
<b>Physical Therapy</b>			
<b>CPT:</b> 97010-97150, 97520-97537, 97750			
640	<b><u>An additional 48 physical therapy program units</u></b> when the client has already used the allowed program units for the current year and has <b><u>one</u></b> of the following surgeries or injuries:		
	1) Lower Extremity Joint Surgery;		
	2) CVA not requiring acute inpatient rehabilitation; or		
	3) Spine surgery.		
641	<b><u>An additional 96 physical therapy program units</u></b> when the client has already used the allowed program units for the current year and has recently completed an acute inpatient rehabilitation stay.		
<b>Occupational Therapy</b>			
<b>CPT:</b> 97110, 97112, 97150, 97520, 97530, 97532, 97533, 97535, 97537			
644	<b><u>An additional 12 occupational therapy visits</u></b> when the client has used the allowed visits for the current year and has <b><u>one</u></b> of the following:		
	1) Hand\Upper Extremity Joint Surgery; or		
	2) CVA not requiring acute inpatient rehabilitation.		
645	<b><u>An additional 24 occupational therapy visits</u></b> when the client has already used the allowed visits for the current year and has recently completed an acute inpatient rehabilitation stay.		

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## Services that do not require authorization

### Services performed in MAA-Approved Centers of Excellence (COE)

[Refer to WAC 388-531-0650 and WAC 388-531-0700]

### Sleep Studies [Refer to WAC 388-531-1500]

MAA reimburses for sleep studies only when done in one of the following MAA-approved Centers of Excellence (COE). **Providers must:**

- Use CPT codes 95805 and 95807-95811 for sleep study services; and
- Enter the location of the approved sleep center where the sleep study/polysomnogram or multiple sleep latency testing was performed.



**Note:** All sleep studies are limited to Obstructive Sleep Apnea, ICD-9-CM diagnosis codes **780.51, 780.53, 780.57**, or Narcolepsy **347.00-347.11**.

MAA Approved Sleep Centers	Location
ARMC Sleep Apnea Laboratory	Auburn Regional Medical Center - Auburn, WA
Columbia Sleep Lab	Richland, WA.
Diagnostic Sleep Disorder Program Center	Children's Hospital and Medical - Bellevue, WA
Eastside Sleep Disorder Clinic	Overlake Hospital Medical Center - Bellevue, WA
Highline Sleep Disorders Center	Highline Community Hospital - Seattle, WA
Holy Family Sleep Disorder Center	Holy Family Hospital -Spokane, WA
Kathryn Severyns Dement Sleep Disorders Center	St. Mary's Medical Center - Walla Walla, WA
Multi Care Sleep Disorders Center	Tacoma General Hospital/ or Mary Bridge Children's Hospital - Tacoma, WA
Olympic Medical Center—Sleep Center	Olympic Medical Center Port Angeles, WA
Providence Everett Sleep Disorder Center	Providence Everett Medical Center - Everett, WA.

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## Outpatient Hospital Services

MAA Approved Sleep Centers	Location
Richland Sleep Center/Dr. Pat Hamner	Richland Sleep Center – Richland, WA
Sleep Center at Memorial	Yakima Memorial Hospital – Yakima, WA
Sleep Center for Southwest Washington	Providence St. Peter - Olympia, WA
Sleep Disorders Center Legacy Good Samaritan Hospital and Medical Center	Legacy Good Samaritan Hospital and Medical Center - Portland, OR
Sleep Disorders Center of Harrison Hospital	Harrison Hospital - Bremerton, WA
Sleep Disorders Center Virginia Mason Medical Center	Virginia Mason Medical Center- Seattle, WA
Sleep Related Breathing Disorders Laboratory St Clare Hospital	St. Clare Hospital - Tacoma, WA
Sleep Studies Laboratory Mid Columbia Medical Center	Mid Columbia Medical Center - The Dalles, OR
St. Joseph Regional Medical Center Sleep Lab	St. Joseph Regional Medical Center - Lewiston, ID
Swedish Sleep Medicine Institute	Providence Swedish or Swedish First Hill - Seattle, WA
The Sleep Institute of Spokane	Sacred Heart Medical Center or 104 W. 5 <sup>th</sup> Suite 400 W - Spokane, WA
University of Washington Sleep Disorders Center/Harborview Medical Center	Harborview Medical Center - Seattle, WA
Valley Medical Center--Sleep Center	Valley Medical Center- Renton, WA
Vancouver Sleep Disorders Center	Vancouver Neurology - Vancouver, WA

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## How does a sleep lab become a MAA Center of Excellence?

A sleep lab must send MAA verification of the following:

1. Sleep Lab Accreditation by the American Academy of Sleep Medicine;
2. Physician's Board Certification by the American Board of Sleep Medicine; and
3. At least one Registered Polysomnograph Technician certification.

Send the verification to:

**Request for Sleep Lab Center of Excellence  
PO Box 45510  
Olympia, WA 98504-5510**

According to the standards of the Association of Polysomnographic Technicians, there must be one Registered Polysomnograph Technician (RPSGT) in the sleep lab when studies are being performed.

When the director of the sleep lab or the facility changes, providers must send MAA copies of the accreditation for the new facility and/or certification of the new director.

## Billing for sleep studies

When billing MAA for sleep studies, all of the following *must* be on the UB-92 claim form.

- Place the appropriate diagnosis code(s) as listed above in form locators 67-76; and
- Include one of the following CPT procedure codes in form locator 44: 95805, 95807, 95808, 95810, or 95811.

## Certified Diabetic Education Providers

### Billing for Diabetes Education Services

- MAA requires diabetes education services to be billed using revenue code 0942.
- MAA does not require HCPCS codes to be billed in conjunction with Revenue Code 0942. Use of HCPCS procedure codes may cause claim denials.
- MAA reimburses a maximum of **six (6) hours, or 12 one-half hour units, of patient education/diabetes management per client, per calendar year.**
- A minimum of **30 minutes of education/management must be provided** per session.
- Diabetes education may be provided in a group or individual setting, or a combination of both, depending on the client's needs.



**Note:** MAA does not reimburse for diabetes education if those services are an expected part of another program provided to the client (e.g. school-based health services or adult day health services).

### Provider Qualifications/Requirements

- All physicians, ARNPs, clinics, hospitals, and Federally Qualified Health Centers are eligible to apply to be a diabetes education provider. The Diabetes Control Program (DCP) at the Department of Health (DOH) develops the application criteria and evaluates all applications for this program.
- For more information on becoming a diabetes education provider and to obtain an application, write or call:

Diabetes Prevention and Control Program  
Department of Health  
PO Box 47855  
111 Israel Rd SE  
Tumwater, WA 98501  
(360) 236-3617

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## Billing and Reimbursement Requirements

- In order to participate in the diabetes education program, a licensed primary health care provider must refer the client.
- Hospitals must be approved by the Department of Health as a diabetes education provider.

MAA reimburses hospital providers for diabetes education at the hospital's current outpatient rate.

## Selected Outpatient Surgery Procedures

The following surgeries are allowed **only** with the following diagnoses: V10.3, 140-239.9, 757.6, 906.5-9, or 940-949.5.

ICD-9-CM Procedure Code(s)	Description
11960	Insertion of tissue expander(s)
11970	Replacement of tissue expander w/permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
19342	Delayed insertion breast prosthesis
19350-19369	Breast Reconstruction
19380	Revision of reconstructed breast

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**REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING**  
(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
<b>099X</b>	<b>Patient Convenience Items</b>				
<b>0</b>	General Classification	N	N	NA	
<b>1</b>	Cafeteria/Guest Tray	N	N	NA	
<b>2</b>	Private Linen Service	N	N	NA	
<b>3</b>	Telephone/Telegraph	N	N	NA	
<b>4</b>	TV/Radio	N	N	NA	
<b>5</b>	Nonpatient Room Rentals	N	N	NA	
<b>6</b>	Late Discharge Charge	N	N	NA	
<b>7</b>	Admission Kits	N	N	NA	
<b>8</b>	Beauty Shop/Barber	N	N	NA	
<b>9</b>	Other Patient Convenience Items	N	N	NA	
<b>Note: Please see Grid Legend on page E22.</b>					

Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

# REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING

(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
<b>Grid Abbreviations</b>					
<b>DASA</b>	= Division of Alcohol and Substance Abuse				
<b>IP</b>	= Inpatient Hospital				
<b>MAA</b>	= Medical Assistance Administration				
<b>OP</b>	= Outpatient Hospital				
<b>OPPS</b>	= Outpatient Prospective Payment System				
<b>PROC</b>	= Procedure code				
<b>REV</b>	= Revenue Code				
<b>Grid Legend</b>					
<b>F</b>	=Services routinely reimbursed using MAA's outpatient hospital fee schedule. Exception: OPPS and Critical Access Hospitals. Please note: Revenue codes are still required on the claim line.				
<b>L</b>	= Limited to providers approved by the department to perform specific services				
<b>LD</b>	=limited by diagnoses, refer to list on page E23				
<b>L/C</b>	=Limited to providers approved by the department of health and paid according to contract.				
<b>L/O</b>	= Limited to OPPS Providers				
<b>N</b>	= Not covered by MAA				
<b>NA</b>	= Not applicable				
<b>NR</b>	= CPT/HCPCS not required				
<b>R</b>	=Service routinely reimbursed using MAA's outpatient hospital rate. Exception: OPPS and Critical Access Hospitals are paid according to individual program methodologies				
<b>REQ</b>	= Required				
<b>SP</b>	=Paid at semi-private room rate				
<b>Y</b>	= Services routinely covered				

Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

**REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING**  
(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
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Diagnosis Code List for Inpatient Occupational Therapy:					
342 - 342.9	- Hemiplegia & Hemiparesis				
344 - 344.9	- Other Paralytic Syndromes				
430 - 438.9	- Cerebrovascular Disease				
800 - 804.9	- Fracture of the Skull				
850.3 - 850.5	- Concussion				
851 - 851.9	- Cerebral Laceration & Contusion				
852 - 852.5	- Subarachnoid, Subdural & Extradural Hemorrhage Following Injury				
853 - 853.1	- Other & Unspecified Intracranial Hemorrhage Following Injury				
854 - 854.1	- Intracranial Injury of Other & Unspecified Nature				
905.0	- Late Effect of Fracture of Skull & Face Bone				
907.0	- Late Effect of Intracranial Injury Without Mention of Skull Fracture				
907.1	- Late Effect of Injury to Cranial Nerve				
940-949.5	- Burns				

Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

**REVENUE CODES FOR INPATIENT AND OUTPATIENT BILLING**  
(effective for dates of service on and after 11/01/04)

REV CODE	DESCRIPTION	IP	OP	OP PROC CODE REQ	COMMENTS
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Grid is not intended to be a reflection of all policies related to these codes. Please see appropriate billing instructions and Washington Administrative Code (WAC) for complete policy.

# Outpatient Hospital Procedure Codes and Fee Schedule

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		7/1/04 Maximum Allowable Fee <u>Facility Setting</u>
<u>Procedure Code</u>	<u>Description</u>	

## STAT Charges

STAT charges are payable when a sudden, unexpected event occurs which requires immediate action, and laboratory test results are needed to manage the patient in a true emergency situation. Tests must be specifically ordered as "STAT." Limited to one STAT charge per episode, not once per test.

<i>S3600</i>	Stat Lab	\$3.35
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See pages F.2 through F.52 for Schedule of 2005 Procedure Codes and Maximum Allowable Fees for Outpatient Hospitals.

(CPT codes and descriptions are copyright 2004 American Medical Association.)

**Outpatient Hospital Fee Schedule**  
**Effective for dates of service on and after July 1, 2005**

Effective Date	PA	Code	Brief Description	FS Fee
		36415	Collection of venous blood by venipuncture	\$2.46
		36416	Capillary blood draw	\$2.46
		36540	Collect blood venous device	\$2.46
		36600	Withdrawal of arterial blood	\$9.77
		38204	BI donor search management	Bundled
		38207	Cryopreserve stem cells	B.R.
		38208	Thaw preserved stem cells	B.R.
		38209	Wash harvest stem cells	B.R.
		38210	T-cell depletion of harvest	B.R.
		38211	Tumor cell deplete of harvst	B.R.
		38212	Rbc depletion of harvest	B.R.
		38213	Platelet deplete of harvest	B.R.
		38214	Volume deplete of harvest	B.R.
		38215	Harvest stem cell concentrte	B.R.
		51725	Simple cystometrogram	\$118.55
		51726	Complex cystometrogram	\$161.24
		51736	Urine flow measurement	\$8.86
		51741	Electro-uroflowmetry, first	\$9.99
		51772	Urethra pressure profile	\$117.18
		51784	Anal/urinary muscle study	\$81.07
		51785	Anal/urinary muscle study	\$91.75
		51792	Urinary reflex study	\$131.26
		51795	Urine voiding pressure study	\$158.74
		51797	Intraabdominal pressure test	\$122.18
		54240	Penis study	\$14.99
		54250	Penis study	#
		59020	Fetal contract stress test	\$13.85
		59025	Fetal non-stress test	\$11.25
		62252	Csf shunt reprogram	\$25.89
		62367	Analyze spine infusion pump	\$13.85
		62368	Analyze spine infusion pump	\$22.03
		64550	Apply neurostimulator	\$5.45
		70010	Contrast x-ray of brain	\$104.01
		70015	Contrast x-ray of brain	\$32.70
		70030	X-ray eye for foreign body	\$9.99
		70100	X-ray exam of jaw	\$12.49
		70110	X-ray exam of jaw	\$14.99
		70120	X-ray exam of mastoids	\$14.99
		70130	X-ray exam of mastoids	\$18.85
		70134	X-ray exam of middle ear	\$17.71
		70140	X-ray exam of facial bones	\$14.99
		70150	X-ray exam of facial bones	\$18.85
		70160	X-ray exam of nasal bones	\$12.49
		70170	X-ray exam of tear duct	\$23.16
		70190	X-ray exam of eye sockets	\$14.99
		70200	X-ray exam of eye sockets	\$18.85
		70210	X-ray exam of sinuses	\$14.99
		70220	X-ray exam of sinuses	\$18.85

(Revised July 2005)

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		70240	X-ray exam, pituitary saddle	\$9.99
		70250	X-ray exam of skull	\$14.99
		70260	X-ray exam of skull	\$21.57
		70300	X-ray exam of teeth	\$6.36
		70310	X-ray exam of teeth	\$9.99
		70320	Full mouth x-ray of teeth	\$18.85
		70328	X-ray exam of jaw joint	\$11.58
		70330	X-ray exam of jaw joints	\$20.44
		70332	X-ray exam of jaw joint	\$50.64
	EPA	70336	Magnetic image, jaw joint	\$269.57
		70350	X-ray head for orthodontia	\$9.08
		70355	Panoramic x-ray of jaws	\$13.85
		70360	X-ray exam of neck	\$9.99
		70370	Throat x-ray & fluoroscopy	\$31.57
		70371	Speech evaluation, complex	\$50.64
		70373	Contrast x-ray of larynx	\$43.15
		70380	X-ray exam of salivary gland	\$16.12
		70390	X-ray exam of salivary duct	\$43.15
		70450	Ct head/brain w/o dye	\$113.55
		70460	Ct head/brain w/dye	\$136.26
		70470	Ct head/brain w/o & w/ dye	\$170.10
		70480	Ct orbit/ear/fossa w/o dye	\$113.55
		70481	Ct orbit/ear/fossa w/dye	\$136.26
		70482	Ct orbit/ear/fossa w/o&w dye	\$170.10
		70486	Ct maxillofacial w/o dye	\$113.55
		70487	Ct maxillofacial w/dye	\$136.26
		70488	Ct maxillofacial w/o & w dye	\$170.10
		70490	Ct soft tissue neck w/o dye	\$113.55
		70491	Ct soft tissue neck w/dye	\$136.26
		70492	Ct sft tsue nck w/o & w/dye	\$170.10
		70496	Ct angiography, head	\$255.71
		70498	Ct angiography, neck	\$255.71
	EPA	70540	Mri orbit/face/neck w/o dye	\$265.93
	EPA	70542	Mri orbit/face/neck w/dye	\$319.08
	EPA	70543	Mri orbt/fac/nck w/o & w dye	\$590.23
	EPA	70544	Mr angiography head w/o dye	\$269.57
	EPA	70545	Mr angiography head w/dye	\$269.57
	EPA	70546	Mr angiograph head w/o&w dye	\$528.46
	EPA	70547	Mr angiography neck w/o dye	\$269.57
	EPA	70548	Mr angiography neck w/dye	\$269.57
	EPA	70549	Mr angiograph neck w/o&w dye	\$528.46
	EPA	70551	Mri brain w/o dye	\$269.57
	EPA	70552	Mri brain w/ dye	\$323.39
	EPA	70553	Mri brain w/o & w/ dye	\$599.09
	EPA	70557	Mri brain w/o dye	B.R.
	EPA	70558	Mri brain w/ dye	B.R.
	EPA	70559	Mri brain w/o & w/ dye	B.R.
		71010	Chest x-ray	\$11.13
		71015	Chest x-ray	\$12.49
		71020	Chest x-ray	\$14.99

(Revised July 2005)

# Memo 05-56 MAA

- F.3 -

Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		71021	Chest x-ray	\$17.71
		71022	Chest x-ray	\$17.71
		71023	Chest x-ray and fluoroscopy	\$18.85
		71030	Chest x-ray	\$18.85
		71034	Chest x-ray and fluoroscopy	\$34.75
		71035	Chest x-ray	\$12.49
		71040	Contrast x-ray of bronchi	\$35.20
		71060	Contrast x-ray of bronchi	\$53.14
		71090	X-ray & pacemaker insertion	\$40.88
		71100	X-ray exam of ribs	\$13.85
		71101	X-ray exam of ribs/chest	\$16.12
		71110	X-ray exam of ribs	\$18.85
		71111	X-ray exam of ribs/ chest	\$21.57
		71120	X-ray exam of breastbone	\$15.67
		71130	X-ray exam of breastbone	\$17.03
		71250	Ct thorax w/o dye	\$142.16
		71260	Ct thorax w/dye	\$170.10
		71270	Ct thorax w/o & w/ dye	\$213.02
		71275	Ct angiography, chest	\$293.19
	EPA	71550	Mri chest w/o dye	\$267.07
	EPA	71551	Mri chest w/dye	\$319.98
	EPA	71552	Mri chest w/o & w/dye	\$587.28
	EPA	71555	Mri angio chest w or w/o dye	\$269.57
		72010	X-ray exam of spine	\$24.75
		72020	X-ray exam of spine	\$9.99
		72040	X-ray exam of neck spine	\$14.53
		72050	X-ray exam of neck spine	\$21.57
		72052	X-ray exam of neck spine	\$27.25
		72069	X-ray exam of trunk spine	\$11.58
		72070	X-ray exam of thoracic spine	\$15.67
		72072	X-ray exam of thoracic spine	\$17.71
		72074	X-ray exam of thoracic spine	\$22.03
		72080	X-ray exam of trunk spine	\$16.12
		72090	X-ray exam of trunk spine	\$16.12
		72100	X-ray exam of lower spine	\$16.12
		72110	X-ray exam of lower spine	\$22.03
		72114	X-ray exam of lower spine	\$28.61
		72120	X-ray exam of lower spine	\$21.57
		72125	Ct neck spine w/o dye	\$142.16
		72126	Ct neck spine w/dye	\$170.10
		72127	Ct neck spine w/o & w/dye	\$213.02
		72128	Ct chest spine w/o dye	\$142.16
		72129	Ct chest spine w/dye	\$170.10
		72130	Ct chest spine w/o & w/dye	\$213.02
		72131	Ct lumbar spine w/o dye	\$142.16
		72132	Ct lumbar spine w/dye	\$170.10
		72133	Ct lumbar spine w/o & w/dye	\$213.02
	EPA	72141	Mri neck spine w/o dye	\$269.57
	EPA	72142	Mri neck spine w/dye	\$323.39
	EPA	72146	Mri chest spine w/o dye	\$299.32

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Fee Schedule



## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
	EPA	72147	Mri chest spine w/dye	\$323.39
	EPA	72148	Mri lumbar spine w/o dye	\$299.32
	EPA	72149	Mri lumbar spine w/dye	\$323.39
	EPA	72156	Mri neck spine w/o & w/dye	\$599.09
	EPA	72157	Mri chest spine w/o & w/dye	\$599.09
	EPA	72158	Mri lumbar spine w/o & w/dye	\$599.09
	EPA	72159	Mr angio spine w/o&w/dye	\$294.32
		72170	X-ray exam of pelvis	\$12.49
		72190	X-ray exam of pelvis	\$16.12
		72191	Ct angiograph pelv w/o&w/dye	\$285.01
		72192	Ct pelvis w/o dye	\$142.16
		72193	Ct pelvis w/dye	\$164.65
		72194	Ct pelvis w/o & w/dye	\$204.16
	EPA	72195	Mri pelvis w/o dye	\$267.07
	EPA	72196	Mri pelvis w/dye	\$319.98
	EPA	72197	Mri pelvis w/o & w/dye	\$591.82
	EPA	72198	Mr angio pelvis w/o & w/dye	\$269.57
		72200	X-ray exam sacroiliac joints	\$12.49
		72202	X-ray exam sacroiliac joints	\$14.99
		72220	X-ray exam of tailbone	\$13.85
		72240	Contrast x-ray of neck spine	\$114.46
		72255	Contrast x-ray, thorax spine	\$104.01
		72265	Contrast x-ray, lower spine	\$98.11
		72270	Contrast x-ray, spine	\$146.93
		72275	Epidurography	\$52.69
		72285	X-ray c/t spine disk	\$201.44
		72295	X-ray of lower spine disk	\$188.95
		73000	X-ray exam of collar bone	\$12.49
		73010	X-ray exam of shoulder blade	\$12.49
		73020	X-ray exam of shoulder	\$11.13
		73030	X-ray exam of shoulder	\$13.85
		73040	Contrast x-ray of shoulder	\$50.64
		73050	X-ray exam of shoulders	\$16.12
		73060	X-ray exam of humerus	\$13.85
		73070	X-ray exam of elbow	\$12.49
		73080	X-ray exam of elbow	\$13.85
		73085	Contrast x-ray of elbow	\$50.64
		73090	X-ray exam of forearm	\$12.49
		73092	X-ray exam of arm, infant	\$11.58
		73100	X-ray exam of wrist	\$11.58
		73110	X-ray exam of wrist	\$12.72
		73115	Contrast x-ray of wrist	\$38.38
		73120	X-ray exam of hand	\$11.58
		73130	X-ray exam of hand	\$12.72
		73140	X-ray exam of finger(s)	\$9.99
		73200	Ct upper extremity w/o dye	\$119.23
		73201	Ct upper extremity w/dye	\$142.16
		73202	Ct uppr extremity w/o&w/dye	\$178.73
		73206	Ct angio upr extrm w/o&w/dye	\$260.48
	EPA	73218	Mri upper extremity w/o dye	\$265.93

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
	EPA	73219	Mri upper extremity w/dye	\$319.08
	EPA	73220	Mri uppr extremity w/o&w/dye	\$590.23
	EPA	73221	Mri joint upr extrem w/o dye	\$265.93
	EPA	73222	Mri joint upr extrem w/dye	\$319.08
	EPA	73223	Mri joint upr extr w/o&w/dye	\$590.23
	EPA	73225	Mr angio upr extr w/o&w/dye	\$265.25
		73500	X-ray exam of hip	\$11.13
		73510	X-ray exam of hip	\$13.85
		73520	X-ray exam of hips	\$16.12
		73525	Contrast x-ray of hip	\$50.64
		73530	X-ray exam of hip	\$12.49
		73540	X-ray exam of pelvis & hips	\$13.85
		73542	X-ray exam, sacroiliac joint	\$50.64
		73550	X-ray exam of thigh	\$13.85
		73560	X-ray exam of knee, 1 or 2	\$12.49
		73562	X-ray exam of knee, 3	\$13.85
		73564	X-ray exam, knee, 4 or more	\$14.99
		73565	X-ray exam of knees	\$11.58
		73580	Contrast x-ray of knee joint	\$63.13
		73590	X-ray exam of lower leg	\$12.49
		73592	X-ray exam of leg, infant	\$11.58
		73600	X-ray exam of ankle	\$11.58
		73610	X-ray exam of ankle	\$12.72
		73615	Contrast x-ray of ankle	\$50.64
		73620	X-ray exam of foot	\$11.58
		73630	X-ray exam of foot	\$12.72
		73650	X-ray exam of heel	\$11.13
		73660	X-ray exam of toe(s)	\$9.99
		73700	Ct lower extremity w/o dye	\$119.23
		73701	Ct lower extremity w/dye	\$142.16
		73702	Ct lwr extremity w/o&w/dye	\$178.73
		73706	Ct angio lwr extr w/o&w/dye	\$260.48
	EPA	73718	Mri lower extremity w/o dye	\$265.93
	EPA	73719	Mri lower extremity w/dye	\$319.08
	EPA	73720	Mri lwr extremity w/o&w/dye	\$590.23
	EPA	73721	Mri jnt of lwr extre w/o dye	\$265.93
	EPA	73722	Mri joint of lwr extr w/dye	\$319.08
	EPA	73723	Mri joint lwr extr w/o&w/dye	\$590.23
	EPA	73725	Mr ang lwr ext w or w/o dye	\$269.57
		74000	X-ray exam of abdomen	\$12.49
		74010	X-ray exam of abdomen	\$13.85
		74020	X-ray exam of abdomen	\$14.99
		74022	X-ray exam series, abdomen	\$17.71
		74150	Ct abdomen w/o dye	\$136.26
		74160	Ct abdomen w/dye	\$164.65
		74170	Ct abdomen w/o &w /dye	\$204.16
		74175	Ct angio abdom w/o & w/dye	\$285.01
	EPA	74181	Mri abdomen w/o dye	\$267.07
	EPA	74182	Mri abdomen w/dye	\$319.98
	EPA	74183	Mri abdomen w/o & w/dye	\$591.82

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
	EPA	74185	Mri angio, abdom w orw/o dye	\$269.57
		74190	X-ray exam of peritoneum	\$31.57
		74210	Contrst x-ray exam of throat	\$28.61
		74220	Contrast x-ray, esophagus	\$28.61
		74230	Cine/vid x-ray, throat/esoph	\$31.57
		74235	Remove esophagus obstruction	\$63.13
		74240	X-ray exam, upper gi tract	\$35.20
		74241	X-ray exam, upper gi tract	\$35.88
		74245	X-ray exam, upper gi tract	\$57.46
		74246	Contrst x-ray uppr gi tract	\$39.74
		74247	Contrst x-ray uppr gi tract	\$40.88
		74249	Contrst x-ray uppr gi tract	\$62.00
		74250	X-ray exam of small bowel	\$31.57
		74251	X-ray exam of small bowel	\$31.57
		74260	X-ray exam of small bowel	\$35.88
		74270	Contrast x-ray exam of colon	\$41.33
		74280	Contrast x-ray exam of colon	\$53.82
		74283	Contrast x-ray exam of colon	\$61.77
		74290	Contrast x-ray, gallbladder	\$17.71
		74291	Contrast x-rays, gallbladder	\$9.99
		74300	X-ray bile ducts/pancreas	\$13.85
		74301	X-rays at surgery add-on	\$7.95
		74305	X-ray bile ducts/pancreas	\$18.85
		74320	Contrast x-ray of bile ducts	\$75.85
		74327	X-ray bile stone removal	\$42.69
		74328	X-ray bile duct endoscopy	\$75.85
		74329	X-ray for pancreas endoscopy	\$75.85
		74330	X-ray bile/panc endoscopy	\$75.85
		74340	X-ray guide for GI tube	\$63.13
		74350	X-ray guide, stomach tube	\$75.85
		74355	X-ray guide, intestinal tube	\$63.13
		74360	X-ray guide, GI dilation	\$75.85
		74363	X-ray, bile duct dilation	\$146.93
		74400	Contrst x-ray, urinary tract	\$40.88
		74410	Contrst x-ray, urinary tract	\$47.01
		74415	Contrst x-ray, urinary tract	\$51.10
		74420	Contrst x-ray, urinary tract	\$63.13
		74425	Contrst x-ray, urinary tract	\$31.57
		74430	Contrast x-ray, bladder	\$25.44
		74440	X-ray, male genital tract	\$27.25
		74445	X-ray exam of penis	\$27.25
		74450	X-ray, urethra/bladder	\$35.20
		74455	X-ray, urethra/bladder	\$38.38
		74470	X-ray exam of kidney lesion	\$30.20
		74475	X-ray control, cath insert	\$98.11
		74480	X-ray control, cath insert	\$98.11
		74485	X-ray guide, GU dilation	\$75.85
		74710	X-ray measurement of pelvis	\$25.44
		74740	X-ray, female genital tract	\$31.57
		74742	X-ray, fallopian tube	\$75.85

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		74775	X-ray exam of perineum	\$35.20
	EPA	75552	Heart mri for morph w/o dye	\$269.57
	EPA	75553	Heart mri for morph w/dye	\$269.57
	EPA	75554	Cardiac MRI/function	\$269.57
	EPA	75555	Cardiac MRI/limited study	\$269.57
	EPA	75556	Cardiac MRI/flow mapping	B.R.
		75600	Contrast x-ray exam of aorta	\$303.18
		75605	Contrast x-ray exam of aorta	\$303.18
		75625	Contrast x-ray exam of aorta	\$303.18
		75630	X-ray aorta, leg arteries	\$316.12
		75635	Ct angio abdominal arteries	\$374.72
		75650	Artery x-rays, head & neck	\$303.18
		75658	Artery x-rays, arm	\$303.18
		75660	Artery x-rays, head & neck	\$303.18
		75662	Artery x-rays, head & neck	\$303.18
		75665	Artery x-rays, head & neck	\$303.18
		75671	Artery x-rays, head & neck	\$303.18
		75676	Artery x-rays, neck	\$303.18
		75680	Artery x-rays, neck	\$303.18
		75685	Artery x-rays, spine	\$303.18
		75705	Artery x-rays, spine	\$303.18
		75710	Artery x-rays, arm/leg	\$303.18
		75716	Artery x-rays, arms/legs	\$303.18
		75722	Artery x-rays, kidney	\$303.18
		75724	Artery x-rays, kidneys	\$303.18
		75726	Artery x-rays, abdomen	\$303.18
		75731	Artery x-rays, adrenal gland	\$303.18
		75733	Artery x-rays, adrenals	\$303.18
		75736	Artery x-rays, pelvis	\$303.18
		75741	Artery x-rays, lung	\$303.18
		75743	Artery x-rays, lungs	\$303.18
		75746	Artery x-rays, lung	\$303.18
		75756	Artery x-rays, chest	\$303.18
		75774	Artery x-ray, each vessel	\$303.18
		75790	Visualize A-V shunt	\$32.70
		75801	Lymph vessel x-ray, arm/leg	\$130.36
		75803	Lymph vessel x-ray, arms/legs	\$130.36
		75805	Lymph vessel x-ray, trunk	\$146.93
		75807	Lymph vessel x-ray, trunk	\$146.93
		75809	Nonvascular shunt, x-ray	\$18.85
		75810	Vein x-ray, spleen/liver	\$303.18
		75820	Vein x-ray, arm/leg	\$23.16
		75822	Vein x-ray, arms/legs	\$35.65
		75825	Vein x-ray, trunk	\$303.18
		75827	Vein x-ray, chest	\$303.18
		75831	Vein x-ray, kidney	\$303.18
		75833	Vein x-ray, kidneys	\$303.18
		75840	Vein x-ray, adrenal gland	\$303.18
		75842	Vein x-ray, adrenal glands	\$303.18
		75860	Vein x-ray, neck	\$303.18

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		75870	Vein x-ray, skull	\$303.18
		75872	Vein x-ray, skull	\$303.18
		75880	Vein x-ray, eye socket	\$23.16
		75885	Vein x-ray, liver	\$303.18
		75887	Vein x-ray, liver	\$303.18
		75889	Vein x-ray, liver	\$303.18
		75891	Vein x-ray, liver	\$303.18
		75893	Venous sampling by catheter	\$303.18
		75894	X-rays, transcath therapy	\$580.92
		75896	X-rays, transcath therapy	\$505.30
		75898	Follow-up angiography	\$25.44
		75900	Arterial catheter exchange	\$505.07
		75901	Remove cva device obstruct	\$45.65
		75902	Remove cva lumen obstruct	\$45.65
		75940	X-ray placement, vein filter	\$303.18
		75945	Intravascular us	\$109.69
		75946	Intravascular us add-on	\$55.41
		75952	Endovasc repair abdom aorta	B.R.
		75953	Abdom aneurysm endovas rpr	B.R.
		75954	Iliac aneurysm endovas rpr	B.R.
		75960	Transcatheter intro, stent	\$358.36
		75961	Retrieval, broken catheter	\$252.76
		75962	Repair arterial blockage	\$379.03
		75964	Repair artery blockage, each	\$201.66
		75966	Repair arterial blockage	\$379.03
		75968	Repair artery blockage, each	\$201.66
		75970	Vascular biopsy	\$277.74
		75978	Repair venous blockage	\$379.03
		75980	Contrast xray exam bile duct	\$130.36
		75982	Contrast xray exam bile duct	\$146.93
		75984	Xray control catheter change	\$47.01
		75989	Abscess drainage under x-ray	\$75.85
		75992	Atherectomy, x-ray exam	\$379.03
		75993	Atherectomy, x-ray exam	\$201.66
		75994	Atherectomy, x-ray exam	\$379.03
		75995	Atherectomy, x-ray exam	\$379.03
		75996	Atherectomy, x-ray exam	\$201.66
		75998	Fluoroguide for vein device	\$32.02
		76000	Fluoroscope examination	\$31.57
		76001	Fluoroscope exam, extensive	\$63.13
		76003	Needle localization by x-ray	\$31.57
		76005	Fluoroguide for spine inject	\$31.57
		76006	X-ray stress view	\$14.53
		76010	X-ray, nose to rectum	\$12.49
		76012	Percut vertebroplasty fluor	#
		76013	Percut vertebroplasty, ct	#
		76020	X-rays for bone age	\$12.49
		76040	X-rays, bone evaluation	\$18.85
		76061	X-rays, bone survey	\$24.30
		76062	X-rays, bone survey	\$34.75

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		76065	X-rays, bone evaluation	\$17.71
		76066	Joint survey, single view	\$26.80
		76070	Ct bone density, axial	\$70.73
		76071	Ct bone density, peripheral	\$69.04
		76075	Dexa, axial skeleton study	\$74.49
		76076	Dexa, peripheral study	\$18.17
		76077	Dxa bone density/v-fracture	\$18.17
		76078	Radiographic absorptiometry	\$18.17
		76080	X-ray exam of fistula	\$25.44
		76082	Computer mammogram add-on	\$9.99
		76083	Computer mammogram add-on	\$9.99
		76086	X-ray of mammary duct	\$63.13
		76088	X-ray of mammary ducts	\$88.11
		76090	Mammogram, one breast	\$25.44
		76091	Mammogram, both breasts	\$31.57
		76092	Mammogram, screening	\$29.75
	EPA	76093	Magnetic image, breast	\$424.00
	EPA	76094	Magnetic image, both breasts	\$575.24
		76095	Stereotactic breast biopsy	\$172.14
		76096	X-ray of needle wire, breast	\$31.57
		76098	X-ray exam, breast specimen	\$9.99
		76100	X-ray exam of body section	\$30.20
		76101	Complex body section x-ray	\$34.29
		76102	Complex body section x-rays	\$42.01
		76120	Cine/video x-rays	\$25.44
		76125	Cine/video x-rays add-on	\$18.85
		76140	X-ray consultation	#
		76150	X-ray exam, dry process	\$9.99
		76350	Special x-ray contrast study	B.R.
		76355	Ct scan for localization	\$198.49
		76360	Ct scan for needle biopsy	\$198.49
		76362	Ct guide for tissue ablation	\$218.02
		76370	Ct scan for therapy guide	\$71.08
		76375	3d/holograph reconstr add-on	\$85.16
		76380	CAT scan follow-up study	\$84.25
		76390	Mr spectroscopy	\$265.25
		76393	Mr guidance for needle place	\$268.89
	EPA	76394	Mri for tissue ablation	\$287.74
	EPA	76400	Magnetic image, bone marrow	\$269.57
		76496	Fluoroscopic procedure	B.R.
		76497	Ct procedure	B.R.
	EPA	76498	Mri procedure	B.R.
		76499	Radiographic procedure	B.R.
		76506	Echo exam of head	\$34.29
	PA	76510	Ophth us, b & quant a	\$51.55
		76511	Echo exam of eye	\$48.15
		76512	Echo exam of eye	\$43.60
		76513	Echo exam of eye, water bath	\$37.02
		76514	Echo exam of eye, thickness	\$1.36
		76516	Echo exam of eye	\$29.52

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		76519	Echo exam of eye	\$31.57
		76529	Echo exam of eye	\$27.48
		76536	Us exam of head and neck	\$34.29
		76604	Us exam, chest, b-scan	\$31.57
		76645	Us exam, breast(s)	\$25.44
		76700	Us exam, abdom, complete	\$47.46
		76705	Echo exam of abdomen	\$34.29
		76770	Us exam abdo back wall, comp	\$47.46
		76775	Us exam abdo back wall, lim	\$34.29
		76778	Us exam kidney transplant	\$47.46
		76800	Us exam, spinal canal	\$34.29
		76801	Ob us < 14 wks, single fetus	\$50.64
		76802	Ob us < 14 wks, add'l fetus	\$26.57
		76805	Ob us >= 14 wks, snl fetus	\$50.64
		76810	Ob us >= 14 wks, addl fetus	\$28.39
		76811	Ob us, detailed, snl fetus	\$89.48
		76812	Ob us, detailed, addl fetus	\$31.79
		76815	Ob us, limited, fetus(s)	\$34.29
		76816	Ob us, follow-up, per fetus	\$26.80
		76817	Transvaginal us, obstetric	\$36.11
		76818	Fetal biophys profile w/nst	\$39.06
		76819	Fetal biophys profil w/o nst	\$39.06
		76820	Umbilical artery echo	\$39.52
		76821	Middle cerebral artery echo	\$39.52
		76825	Echo exam of fetal heart	\$47.46
		76826	Echo exam of fetal heart	\$17.26
		76827	Echo exam of fetal heart	\$42.01
		76828	Echo exam of fetal heart	\$27.02
		76830	Transvaginal us, non-ob	\$37.02
		76831	Echo exam, uterus	\$37.02
		76856	Us exam, pelvic, complete	\$37.02
		76857	Us exam, pelvic, limited	\$40.65
		76870	Us exam, scrotum	\$37.02
		76872	Us, transrectal	\$48.60
		76873	Echograp trans r, pros study	\$51.55
		76880	Us exam, extremity	\$34.29
		76885	Us exam infant hips, dynamic	\$37.02
		76886	Us exam infant hips, static	\$34.29
		76930	Echo guide, cardiocentesis	\$37.02
		76932	Echo guide for heart biopsy	\$37.02
		76936	Echo guide for artery repair	\$151.70
		76937	Us guide, vascular access	\$10.67
		76940	Us guide, tissue ablation	\$40.42
		76941	Echo guide for transfusion	\$36.79
		76942	Echo guide for biopsy	\$66.77
		76945	Echo guide, villus sampling	\$36.79
		76946	Echo guide for amniocentesis	\$37.02
		76948	Echo guide, ova aspiration	\$37.02
		76950	Echo guidance radiotherapy	\$31.57
		76965	Echo guidance radiotherapy	\$133.99

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		76970	Ultrasound exam follow-up	\$25.44
		76975	GI endoscopic ultrasound	\$37.02
		76977	Us bone density measure	\$19.76
		76986	Ultrasound guide intraoper	\$63.13
		76999	Echo examination procedure	B.R.
		77261	Radiation therapy planning	\$44.74
		77262	Radiation therapy planning	\$67.45
		77263	Radiation therapy planning	\$100.15
		77280	Set radiation therapy field	\$83.57
		77285	Set radiation therapy field	\$134.22
		77290	Set radiation therapy field	\$156.93
		77295	Set radiation therapy field	\$672.67
		77299	Radiation therapy planning	B.R.
		77300	Radiation therapy dose plan	\$32.25
		77301	Radiotherapy dose plan, imrt	\$672.67
		77305	Teletx isodose plan simple	\$44.97
		77310	Teletx isodose plan intermed	\$56.32
		77315	Teletx isodose plan complex	\$64.04
		77321	Special teletx port plan	\$97.20
		77326	Brachytx isodose calc simp	\$57.00
		77327	Brachytx isodose calc interm	\$83.57
		77328	Brachytx isodose plan compl	\$119.23
		77331	Special radiation dosimetry	\$11.81
		77332	Radiation treatment aid(s)	\$32.25
		77333	Radiation treatment aid(s)	\$45.65
		77334	Radiation treatment aid(s)	\$78.12
		77336	Radiation physics consult	\$71.76
		77370	Radiation physics consult	\$84.03
		77399	External radiation dosimetry	B.R.
		77401	Radiation treatment delivery	\$42.92
		77402	Radiation treatment delivery	\$42.92
		77403	Radiation treatment delivery	\$42.92
		77404	Radiation treatment delivery	\$42.92
		77406	Radiation treatment delivery	\$42.92
		77407	Radiation treatment delivery	\$50.42
		77408	Radiation treatment delivery	\$50.42
		77409	Radiation treatment delivery	\$50.42
		77411	Radiation treatment delivery	\$50.42
		77412	Radiation treatment delivery	\$56.32
		77413	Radiation treatment delivery	\$56.32
		77414	Radiation treatment delivery	\$56.32
		77416	Radiation treatment delivery	\$56.32
		77417	Radiology port film(s)	\$14.31
		77418	Radiation tx delivery, imrt	\$418.55
		77427	Radiation tx management, x5	\$103.10
		77431	Radiation therapy management	\$58.59
		77432	Stereotactic radiation trmt	\$255.03
		77470	Special radiation treatment	\$333.61
		77499	Radiation therapy management	B.R.
		77520	Proton trmt, simple w/o comp	B.R.

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Fee Schedule



## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		77522	Proton trmt, simple w/comp	B.R.
		77523	Proton trmt, intermediate	B.R.
		77525	Proton treatment, complex	B.R.
		77600	Hyperthermia treatment	\$73.35
		77605	Hyperthermia treatment	\$97.88
		77610	Hyperthermia treatment	\$73.35
		77615	Hyperthermia treatment	\$97.88
		77620	Hyperthermia treatment	\$73.35
		77750	Infuse radioactive materials	\$32.02
		77761	Apply intrcav radiat simple	\$60.41
		77762	Apply intrcav radiat interm	\$86.98
		77763	Apply intrcav radiat compl	\$107.87
		77776	Apply interstit radiat simpl	\$52.69
		77777	Apply interstit radiat inter	\$101.74
		77778	Apply interstit radiat compl	\$123.54
		77781	High intensity brachytherapy	\$488.49
		77782	High intensity brachytherapy	\$488.49
		77783	High intensity brachytherapy	\$488.49
		77784	High intensity brachytherapy	\$488.49
		77789	Apply surface radiation	\$10.67
		77790	Radiation handling	\$11.81
		77799	Radium/radioisotope therapy	B.R.
		78000	Thyroid, single uptake	\$23.62
		78001	Thyroid, multiple uptakes	\$31.57
		78003	Thyroid suppress/stimul	\$23.62
		78006	Thyroid imaging with uptake	\$57.46
		78007	Thyroid image, mult uptakes	\$62.00
		78010	Thyroid imaging	\$44.06
		78011	Thyroid imaging with flow	\$58.14
		78015	Thyroid met imaging	\$62.00
		78016	Thyroid met imaging/studies	\$83.80
		78018	Thyroid met imaging, body	\$130.58
		78020	Thyroid met uptake	\$32.93
		78070	Parathyroid nuclear imaging	\$100.61
		78075	Adrenal nuclear imaging	\$130.58
		78099	Endocrine nuclear procedure	B.R.
		78102	Bone marrow imaging, ltd	\$49.28
		78103	Bone marrow imaging, mult	\$76.31
		78104	Bone marrow imaging, body	\$98.11
		78110	Plasma volume, single	\$23.16
		78111	Plasma volume, multiple	\$62.00
		78120	Red cell mass, single	\$42.01
		78121	Red cell mass, multiple	\$69.72
		78122	Blood volume	\$110.60
		78130	Red cell survival study	\$68.36
		78135	Red cell survival kinetics	\$117.18
		78140	Red cell sequestration	\$94.70
		78160	Plasma iron turnover	\$88.11
		78162	Radioiron absorption exam	\$76.99
		78170	Red cell iron utilization	\$127.86

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		78172	Total body iron estimation	\$19.98
		78185	Spleen imaging	\$57.00
		78190	Platelet survival, kinetics	\$137.40
		78191	Platelet survival	\$176.46
		78195	Lymph system imaging	\$98.11
		78199	Blood/lymph nuclear exam	B.R.
		78201	Liver imaging	\$57.00
		78202	Liver imaging with flow	\$69.04
		78205	Liver imaging (3D)	\$142.16
		78206	Liver image (3d) with flow	\$138.53
		78215	Liver and spleen imaging	\$70.40
		78216	Liver & spleen image/flow	\$83.80
		78220	Liver function study	\$89.48
		78223	Hepatobiliary imaging	\$88.11
		78230	Salivary gland imaging	\$52.69
		78231	Serial salivary imaging	\$76.31
		78232	Salivary gland function exam	\$85.16
		78258	Esophageal motility study	\$69.04
		78261	Gastric mucosa imaging	\$98.79
		78262	Gastroesophageal reflux exam	\$102.20
		78264	Gastric emptying study	\$99.47
		78267	Breath tst attain/anal c-14	\$9.00
		78268	Breath test analysis, c-14	\$77.17
		78270	Vit B-12 absorption exam	\$37.70
		78271	Vit b-12 absrp exam, int fac	\$39.74
		78272	Vit B-12 absorp, combined	\$56.09
		78278	Acute GI blood loss imaging	\$117.18
		78282	GI protein loss exam	\$14.76
		78290	Meckel's divert exam	\$73.35
		78291	Leveen/shunt patency exam	\$73.58
		78299	GI nuclear procedure	BR
		78300	Bone imaging, limited area	\$59.95
		78305	Bone imaging, multiple areas	\$88.11
		78306	Bone imaging, whole body	\$102.65
		78315	Bone imaging, 3 phase	\$115.14
		78320	Bone imaging (3D)	\$142.16
		78350	Bone mineral, single photon	\$18.17
		78351	Bone mineral, dual photon	\$9.77
		78399	Musculoskeletal nuclear exam	B.R.
		78414	Non-imaging heart function	\$17.49
		78428	Cardiac shunt imaging	\$54.28
		78445	Vascular flow imaging	\$44.97
		78455	Venous thrombosis study	\$95.84
		78456	Acute venous thrombus image	\$97.43
		78457	Venous thrombosis imaging	\$64.04
		78458	Ven thrombosis images, bilat	\$96.74
7/1/05	EPA	78459	Heart muscle imaging (PET)	\$1,177.60
		78460	Heart muscle blood, single	\$57.00
		78461	Heart muscle blood, multiple	\$113.55
		78464	Heart image (3d), single	\$170.10

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		78465	Heart image (3d), multiple	\$283.88
		78466	Heart infarct image	\$63.13
		78468	Heart infarct image (ef)	\$88.11
		78469	Heart infarct image (3D)	\$125.81
		78472	Gated heart, planar, single	\$132.85
		78473	Gated heart, multiple	\$198.49
		78478	Heart wall motion add-on	\$37.93
		78480	Heart function add-on	\$37.93
		78481	Heart first pass, single	\$125.81
		78483	Heart first pass, multiple	\$189.40
7/1/05		78491	Heart image (pet), single	#
7/1/05		78492	Heart image (pet), multiple	#
		78494	Heart image, spect	\$168.96
		78496	Heart first pass add-on	\$168.96
		78499	Cardiovascular nuclear exam	BR
		78580	Lung perfusion imaging	\$82.66
		78584	Lung V/Q image single breath	\$76.99
		78585	Lung V/Q imaging	\$135.81
		78586	Aerosol lung image, single	\$62.45
		78587	Aerosol lung image, multiple	\$67.22
		78588	Perfusion lung image	\$77.21
		78591	Vent image, 1 breath, 1 proj	\$68.36
		78593	Vent image, 1 proj, gas	\$83.12
		78594	Vent image, mult proj, gas	\$119.68
		78596	Lung differential function	\$170.10
		78599	Respiratory nuclear exam	B.R.
		78600	Brain imaging, ltd static	\$69.04
		78601	Brain imaging, ltd w/flow	\$81.98
		78605	Brain imaging, complete	\$81.98
		78606	Brain imaging, compl w/flow	\$93.34
		78607	Brain imaging (3D)	\$157.83
7/1/05	EPA	78608	Brain imaging (PET)	BR
7/1/05		78609	Brain imaging (PET)	#
		78610	Brain flow imaging only	\$38.38
		78615	Cerebral vascular flow image	\$92.88
		78630	Cerebrospinal fluid scan	\$121.50
		78635	CSF ventriculography	\$61.32
		78645	CSF shunt evaluation	\$82.66
		78647	Cerebrospinal fluid scan	\$142.16
		78650	CSF leakage imaging	\$111.73
		78660	Nuclear exam of tear flow	\$51.10
		78699	Nervous system nuclear exam	B.R.
		78700	Kidney imaging, static	\$73.35
		78701	Kidney imaging with flow	\$85.62
		78704	Imaging renogram	\$95.15
		78707	Kidney flow/function image	\$107.42
		78708	Kidney flow/function image	\$107.42
		78709	Kidney flow/function image	\$107.42
		78710	Kidney imaging (3D)	\$142.16
		78715	Renal vascular flow exam	\$38.38

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		78725	Kidney function study	\$43.15
		78730	Urinary bladder retention	\$35.20
		78740	Ureteral reflux study	\$51.10
		78760	Testicular imaging	\$64.50
		78761	Testicular imaging/flow	\$76.99
		78799	Genitourinary nuclear exam	B.R.
		78800	Tumor imaging, limited area	\$81.98
		78801	Tumor imaging, mult areas	\$101.51
		78802	Tumor imaging, whole body	\$133.31
		78803	Tumor imaging (3D)	\$157.83
		78804	Tumor imaging, whole body	\$260.94
		78805	Abscess imaging, ltd area	\$81.98
		78806	Abscess imaging, whole body	\$155.11
		78807	Nuclear localization/abscess	\$157.83
7/1/05	EPA	78811	Tumor imaging (pet), limited	\$1,177.60
7/1/05	EPA	78812	Tumor imaging (pet)/skul-thigh	\$1,177.60
7/1/05	EPA	78813	Tumor image (pet) full body	\$1,177.60
7/1/05		78814	Tumor image pet/ct, limited	#
7/1/05		78815	Tumorimage pet/ct skul-thigh	#
7/1/05		78816	Tumor image pet/ct full body	#
		78890	Nuclear medicine data proc	Bundled
		78891	Nuclear med data proc	Bundled
		78999	Nuclear diagnostic exam	B.R.
		79005	Nuclear rx, oral admin	\$63.13
		79101	Nuclear rx, iv admin	\$63.13
		79200	Intracavitary nuclear trmt	\$63.13
		79300	Interstitial nuclear therapy	\$63.36
	PA	79403	Hematopoetic nuclear therapy	\$101.29
		79440	Nuclear joint therapy	\$63.13
		79445	Nuclear rx, intra-arterial	\$63.59
		79999	Nuclear medicine therapy	BR
		80048	Basic metabolic panel	\$7.32
		80050	General health panel	\$37.86
		80051	Electrolyte panel	\$7.32
		80053	Comprehen metabolic panel	\$9.77
		80055	Obstetric panel	\$55.50
		80061	Lipid panel	\$15.35
		80069	Renal function panel	\$7.32
		80074	Acute hepatitis panel	\$54.56
		80076	Hepatic function panel	\$7.32
		80100	Drug screen, qualitate/multi	\$16.66
		80101	Drug screen, single	\$15.78
		80102	Drug confirmation	\$15.18
		80103	Drug analysis, tissue prep	B.R.
		80150	Assay of amikacin	\$17.27
		80152	Assay of amitriptyline	\$20.51
		80154	Assay of benzodiazepines	\$21.19
		80156	Assay, carbamazepine, total	\$16.68
		80157	Assay, carbamazepine, free	\$15.19
		80158	Assay of cyclosporine	\$20.69

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		80160	Assay of desipramine	\$19.72
		80162	Assay of digoxin	\$15.21
		80164	Assay, dipropylacetic acid	\$15.52
		80166	Assay of doxepin	\$17.76
		80168	Assay of ethosuximide	\$18.72
		80170	Assay of gentamicin	\$18.78
		80172	Assay of gold	\$18.66
		80173	Assay of haloperidol	\$16.68
		80174	Assay of imipramine	\$19.72
		80176	Assay of lidocaine	\$16.83
		80178	Assay of lithium	\$7.58
		80182	Assay of nortriptyline	\$15.52
		80184	Assay of phenobarbital	\$13.13
		80185	Assay of phenytoin, total	\$15.19
		80186	Assay of phenytoin, free	\$15.77
		80188	Assay of primidone	\$19.01
		80190	Assay of procainamide	\$19.20
		80192	Assay of procainamide	\$19.20
		80194	Assay of quinidine	\$16.72
		80196	Assay of salicylate	\$8.13
		80197	Assay of tacrolimus	\$15.72
		80198	Assay of theophylline	\$16.21
		80200	Assay of tobramycin	\$18.47
		80201	Assay of topiramate	\$13.66
		80202	Assay of vancomycin	\$15.52
		80299	Quantitative assay, drug	\$15.69
		80400	Acth stimulation panel	\$37.36
		80402	Acth stimulation panel	\$99.60
		80406	Acth stimulation panel	\$89.66
		80408	Aldosterone suppression eval	\$143.78
		80410	Calcitonin stimul panel	\$92.03
		80412	CRH stimulation panel	\$364.03
		80414	Testosterone response	\$59.17
		80415	Estradiol response panel	\$64.03
		80416	Renin stimulation panel	\$151.19
		80417	Renin stimulation panel	\$50.40
		80418	Pituitary evaluation panel	\$642.22
		80420	Dexamethasone panel	\$82.52
		80422	Glucagon tolerance panel	\$52.79
		80424	Glucagon tolerance panel	\$39.87
		80426	Gonadotropin hormone panel	\$158.19
		80428	Growth hormone panel	\$75.80
		80430	Growth hormone panel	\$89.28
		80432	Insulin suppression panel	\$154.76
		80434	Insulin tolerance panel	\$115.87
		80435	Insulin tolerance panel	\$117.22
		80436	Metirapone panel	\$84.03
		80438	TRH stimulation panel	\$57.54
		80439	TRH stimulation panel	\$76.72
		80440	TRH stimulation panel	\$66.62

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		80500	Lab pathology consultation	\$12.26
		80502	Lab pathology consultation	\$43.83
		81000	Urinalysis, nonauto w/scope	\$3.63
		81001	Urinalysis, auto w/scope	\$3.63
		81002	Urinalysis nonauto w/o scope	\$2.93
		81003	Urinalysis, auto, w/o scope	\$2.57
		81005	Urinalysis	\$2.48
		81007	Urine screen for bacteria	\$2.94
		81015	Microscopic exam of urine	\$3.48
		81020	Urinalysis, glass test	\$4.22
		81025	Urine pregnancy test	\$4.30
		81050	Urinalysis, volume measure	\$3.44
		81099	Urinalysis test procedure	B.R.
		82000	Assay of blood acetaldehyde	\$14.19
		82003	Assay of acetaminophen	\$20.68
		82009	Test for acetone/ketones	\$5.17
		82010	Acetone assay	\$9.36
		82013	Acetylcholinesterase assay	\$12.80
		82016	Acylcarnitines, qual	\$15.88
		82017	Acylcarnitines, quant	\$6.29
		82024	Assay of acth	\$41.99
		82030	Assay of adp & amp	\$29.56
		82040	Assay of serum albumin	\$5.67
		82042	Assay of urine albumin	\$5.93
		82043	Microalbumin, quantitative	\$6.63
		82044	Microalbumin, semiquant	\$5.24
		82045	Albumin, ischemia modified	\$38.89
		82055	Assay of ethanol	\$12.38
		82075	Assay of breath ethanol	\$13.81
		82085	Assay of aldolase	\$11.12
		82088	Assay of aldosterone	\$46.69
		82101	Assay of urine alkaloids	\$34.39
		82103	Alpha-1-antitrypsin, total	\$15.39
		82104	Alpha-1-antitrypsin, pheno	\$16.56
		82105	Alpha-fetoprotein, serum	\$19.22
		82106	Alpha-fetoprotein, amniotic	\$19.22
		82108	Assay of aluminum	\$29.19
		82120	Amines, vaginal fluid qual	\$1.92
		82127	Amino acid, single qual	\$15.88
		82128	Amino acids, mult qual	\$15.88
		82131	Amino acids, single quant	\$19.33
		82135	Assay, aminolevulinic acid	\$18.86
		82136	Amino acids, quant, 2-5	\$6.29
		82139	Amino acids, quan, 6 or more	\$6.29
		82140	Assay of ammonia	\$16.70
		82143	Amniotic fluid scan	\$7.88
		82145	Assay of amphetamines	\$17.81
		82150	Assay of amylase	\$7.43
		82154	Androstanediol glucuronide	\$33.04
		82157	Assay of androstenedione	\$33.54

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		82160	Assay of androsterone	\$28.65
		82163	Assay of angiotensin II	\$23.52
		82164	Angiotensin I enzyme test	\$16.72
		82172	Assay of apolipoprotein	\$17.75
		82175	Assay of arsenic	\$16.63
		82180	Assay of ascorbic acid	\$11.32
		82190	Atomic absorption	\$14.01
		82205	Assay of barbiturates	\$13.13
		82232	Assay of beta-2 protein	\$18.54
		82239	Bile acids, total	\$19.63
		82240	Bile acids, cholyglycine	\$30.45
		82247	Bilirubin, total	\$5.29
		82248	Bilirubin, direct	\$5.29
		82252	Fecal bilirubin test	\$5.21
		82261	Assay of biotinidase	\$6.29
		82270	Test for blood, feces	\$3.72
		82273	Test for blood, other source	\$3.72
		82274	Assay test for blood, fecal	\$18.22
		82286	Assay of bradykinin	\$7.89
		82300	Assay of cadmium	\$26.51
		82306	Assay of vitamin D	\$33.92
		82307	Assay of vitamin D	\$36.92
		82308	Assay of calcitonin	\$30.68
		82310	Assay of calcium	\$5.90
		82330	Assay of calcium	\$15.65
		82331	Calcium infusion test	\$5.93
		82340	Assay of calcium in urine	\$6.91
		82355	Calculus analysis, qual	\$13.26
		82360	Calculus assay, quant	\$14.75
		82365	Calculus spectroscopy	\$14.77
		82370	X-ray assay, calculus	\$14.36
		82373	Assay, c-d transfer measure	\$20.69
		82374	Assay, blood carbon dioxide	\$5.60
		82375	Assay, blood carbon monoxide	\$14.12
		82376	Test for carbon monoxide	\$6.86
		82378	Carcinoembryonic antigen	\$21.74
		82379	Assay of carnitine	\$6.29
		82380	Assay of carotene	\$10.57
		82382	Assay, urine catecholamines	\$19.70
		82383	Assay, blood catecholamines	\$28.71
		82384	Assay, three catecholamines	\$19.93
		82387	Assay of cathepsin-d	\$4.50
		82390	Assay of ceruloplasmin	\$12.31
		82397	Chemiluminescent assay	\$15.01
		82415	Assay of chloramphenicol	\$14.51
		82435	Assay of blood chloride	\$5.26
		82436	Assay of urine chloride	\$5.76
		82438	Assay, other fluid chlorides	\$4.37
		82441	Test for chlorohydrocarbons	\$6.87
		82465	Assay, bld/serum cholesterol	\$4.99

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		82480	Assay, serum cholinesterase	\$9.03
		82482	Assay, rbc cholinesterase	\$8.81
		82485	Assay, chondroitin sulfate	\$23.66
		82486	Gas/liquid chromatography	\$20.69
		82487	Paper chromatography	\$18.29
		82488	Paper chromatography	\$24.48
		82489	Thin layer chromatography	\$21.19
		82491	Chromotography, quant, sing	\$20.69
		82492	Chromotography, quant, mult	\$20.69
		82495	Assay of chromium	\$23.24
		82507	Assay of citrate	\$31.33
		82520	Assay of cocaine	\$17.36
		82523	Collagen crosslinks	\$21.41
		82525	Assay of copper	\$12.37
		82528	Assay of corticosterone	\$25.79
		82530	Cortisol, free	\$19.15
		82533	Total cortisol	\$18.68
		82540	Assay of creatine	\$5.31
		82541	Column chromatography, qual	\$20.69
		82542	Column chromatography, quant	\$20.69
		82543	Column chromatograph/isotope	\$20.69
		82544	Column chromatograph/isotope	\$20.69
		82550	Assay of ck (cpk)	\$7.46
		82552	Assay of cpk in blood	\$15.34
		82553	Creatine, MB fraction	\$13.23
		82554	Creatine, isoforms	\$13.60
		82565	Assay of creatinine	\$5.87
		82570	Assay of urine creatinine	\$5.93
		82575	Creatinine clearance test	\$10.82
		82585	Assay of cryofibrinogen	\$9.81
		82595	Assay of cryoglobulin	\$7.41
		82600	Assay of cyanide	\$22.23
		82607	Vitamin B-12	\$17.27
		82608	B-12 binding capacity	\$16.41
		82615	Test for urine cystines	\$5.64
		82626	Dehydroepiandrosterone	\$28.95
		82627	Dehydroepiandrosterone	\$25.48
		82633	Desoxycorticosterone	\$18.98
		82634	Deoxycortisol	\$23.34
		82638	Assay of dibucaine number	\$14.03
		82646	Assay of dihydrocodeinone	\$23.66
		82649	Assay of dihydromorphinone	\$29.45
		82651	Assay of dihydrotestosterone	\$29.58
		82652	Assay of dihydroxyvitamin d	\$44.10
		82654	Assay of dimethadione	\$15.86
		82656	Pancreatic elastase, fecal	\$13.22
		82657	Enzyme cell activity	\$20.69
		82658	Enzyme cell activity, ra	\$20.69
		82664	Electrophoretic test	\$18.66
		82666	Assay of epiandrosterone	\$24.61

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Fee Schedule



## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		82668	Assay of erythropoietin	\$21.53
		82670	Assay of estradiol	\$32.01
		82671	Assay of estrogens	\$37.01
		82672	Assay of estrogen	\$24.85
		82677	Assay of estriol	\$27.71
		82679	Assay of estrone	\$23.07
		82690	Assay of ethchlorvynol	\$19.80
		82693	Assay of ethylene glycol	\$10.50
		82696	Assay of etiocholanolone	\$27.02
		82705	Fats/lipids, feces, qual	\$5.33
		82710	Fats/lipids, feces, quant	\$19.25
		82715	Assay of fecal fat	\$3.19
		82725	Assay of blood fatty acids	\$11.30
		82726	Long chain fatty acids	\$20.69
		82728	Assay of ferritin	\$15.60
		82731	Assay of fetal fibronectin	\$73.79
		82735	Assay of fluoride	\$21.25
		82742	Assay of flurazepam	\$22.68
		82746	Blood folic acid serum	\$16.84
		82747	Assay of folic acid, rbc	\$19.84
		82757	Assay of semen fructose	\$19.88
		82759	Assay of rbc galactokinase	\$24.61
		82760	Assay of galactose	\$12.82
		82775	Assay galactose transferase	\$24.13
		82776	Galactose transferase test	\$9.60
		82784	Assay of gammaglobulin igm	\$10.65
		82785	Assay of gammaglobulin ige	\$18.87
		82787	Igg 1, 2, 3 or 4, each	\$4.81
		82800	Blood pH	\$7.47
		82803	Blood gases: pH, pO2 & pCO2	\$13.96
		82805	Blood gases W/O2 saturation	\$27.89
		82810	Blood gases, O2 sat only	\$10.00
		82820	Hemoglobin-oxygen affinity	\$11.45
		82926	Assay of gastric acid	\$4.46
		82928	Assay of gastric acid	\$6.33
		82938	Gastrin test	\$20.27
		82941	Assay of gastrin	\$20.20
		82943	Assay of glucagon	\$16.38
		82945	Glucose other fluid	\$4.49
		82946	Glucagon tolerance test	\$17.27
		82947	Assay, glucose, blood quant	\$4.49
		82948	Reagent strip/blood glucose	\$3.63
		82950	Glucose test	\$5.44
		82951	Glucose tolerance test (GTT)	\$14.75
		82952	GTT-added samples	\$4.49
		82953	Glucose-tolbutamide test	\$17.35
		82955	Assay of g6pd enzyme	\$11.11
		82960	Test for G6PD enzyme	\$6.95
		82962	Glucose blood test	\$2.07
		82963	Assay of glucosidase	\$24.61

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		82965	Assay of gdh enzyme	\$8.86
		82975	Assay of glutamine	\$16.83
		82977	Assay of GGT	\$8.25
		82978	Assay of glutathione	\$16.33
		82979	Assay, rbc glutathione	\$7.89
		82980	Assay of glutethimide	\$20.99
		82985	Glycated protein	\$13.44
		83001	Gonadotropin (FSH)	\$19.61
		83002	Gonadotropin (LH)	\$19.93
		83003	Assay, growth hormone (hgh)	\$18.95
		83008	Assay of guanosine	\$19.23
		83009	H pylori (c-13), blood	\$77.17
		83010	Assay of haptoglobin, quant	\$14.42
		83012	Assay of haptoglobins	\$19.70
		83013	H pylori analysis	\$77.17
		83014	H pylori drug admin/collect	\$9.00
		83015	Heavy metal screen	\$21.57
		83018	Quantitative screen, metals	\$9.59
		83020	Hemoglobin electrophoresis	\$11.52
		83021	Hemoglobin chromatography	\$20.69
		83026	Hemoglobin, copper sulfate	\$2.71
		83030	Fetal hemoglobin, chemical	\$9.48
		83033	Fetal hemoglobin assay, qual	\$5.97
		83036	Glycated hemoglobin test	\$11.12
		83045	Blood methemoglobin test	\$5.68
		83050	Blood methemoglobin assay	\$8.39
		83051	Assay of plasma hemoglobin	\$8.37
		83055	Blood sulfhemoglobin test	\$5.63
		83060	Blood sulfhemoglobin assay	\$9.48
		83065	Assay of hemoglobin heat	\$7.89
		83068	Hemoglobin stability screen	\$9.70
		83069	Assay of urine hemoglobin	\$4.52
		83070	Assay of hemosiderin, qual	\$5.44
		83071	Assay of hemosiderin, quant	\$7.88
		83080	Assay of b hexosaminidase	\$6.29
		83088	Assay of histamine	\$33.83
		83090	Assay of homocystine	\$19.33
		83150	Assay of for hva	\$8.01
		83491	Assay of corticosteroids	\$20.07
		83497	Assay of 5-hiaa	\$14.77
		83498	Assay of progesterone	\$31.12
		83499	Assay of progesterone	\$28.88
		83500	Assay, free hydroxyproline	\$21.39
		83505	Assay, total hydroxyproline	\$27.85
		83516	Immunoassay, nonantibody	\$13.22
		83518	Immunoassay, dipstick	\$9.72
		83519	Immunoassay, nonantibody	\$14.54
		83520	Immunoassay, RIA	\$14.83
		83525	Assay of insulin	\$13.10
		83527	Assay of insulin	\$14.83

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		83528	Assay of intrinsic factor	\$18.22
		83540	Assay of iron	\$7.42
		83550	Iron binding test	\$10.01
		83570	Assay of idh enzyme	\$9.57
		83582	Assay of ketogenic steroids	\$15.88
		83586	Assay 17- ketosteroids	\$14.67
		83593	Fractionation, ketosteroids	\$30.14
		83605	Assay of lactic acid	\$12.23
		83615	Lactate (LD) (LDH) enzyme	\$6.92
		83625	Assay of Idh enzymes	\$14.66
		83630	Lactoferrin, fecal (qual)	\$13.22
		83632	Placental lactogen	\$23.16
		83633	Test urine for lactose	\$6.31
		83634	Assay of urine for lactose	\$13.20
		83655	Assay of lead	\$13.87
		83661	L/s ratio, fetal lung	\$19.93
		83662	Foam stability, fetal lung	\$21.67
		83663	Fluoro polarize, fetal lung	\$21.67
		83664	Lamellar bdy, fetal lung	\$21.67
		83670	Assay of lap enzyme	\$10.50
		83690	Assay of lipase	\$7.89
		83715	Assay of blood lipoproteins	\$12.90
		83716	Assay of blood lipoproteins	\$7.36
		83718	Assay of lipoprotein	\$9.38
		83719	Assay of blood lipoprotein	\$13.33
		83721	Assay of blood lipoprotein	\$10.93
		83727	Assay of lrh hormone	\$19.70
		83735	Assay of magnesium	\$7.68
		83775	Assay of md enzyme	\$8.45
		83785	Assay of manganese	\$28.18
		83788	Mass spectrometry qual	\$20.69
		83789	Mass spectrometry quant	\$20.69
		83805	Assay of meprobamate	\$20.20
		83825	Assay of mercury	\$18.63
		83835	Assay of metanephrines	\$19.41
		83840	Assay of methadone	\$18.70
		83857	Assay of methemalbumin	\$12.31
		83858	Assay of methsuximide	\$16.98
		83864	Mucopolysaccharides	\$22.81
		83866	Mucopolysaccharides screen	\$11.28
		83872	Assay synovial fluid mucin	\$6.72
		83873	Assay of csf protein	\$19.71
		83874	Assay of myoglobin	\$14.79
		83880	Natriuretic peptide	\$38.89
		83883	Assay, nephelometry not spec	\$15.58
		83885	Assay of nickel	\$28.07
		83887	Assay of nicotine	\$27.13
		83890	Molecule isolate	\$4.59
		83891	Molecule isolate nucleic	\$4.59
		83892	Molecular diagnostics	\$4.59

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		83893	Molecule dot/slot/blot	\$4.59
		83894	Molecule gel electrophor	\$4.59
		83896	Molecular diagnostics	\$4.59
		83897	Molecule nucleic transfer	\$4.59
		83898	Molecule nucleic ampli	\$19.20
		83901	Molecule nucleic ampli	\$19.20
		83902	Molecular diagnostics	\$9.85
		83903	Molecule mutation scan	\$19.20
		83904	Molecule mutation identify	\$19.20
		83905	Molecule mutation identify	\$19.20
		83906	Molecule mutation identify	\$19.20
		83912	Genetic examination	\$4.59
		83915	Assay of nucleotidase	\$12.78
		83916	Oligoclonal bands	\$15.98
		83918	Organic acids, total, quant	\$18.86
		83919	Organic acids, qual, each	\$18.86
		83921	Organic acid, single, quant	\$18.86
		83925	Assay of opiates	\$22.30
		83930	Assay of blood osmolality	\$7.58
		83935	Assay of urine osmolality	\$7.36
		83937	Assay of osteocalcin	\$34.20
		83945	Assay of oxalate	\$14.75
		83950	Oncoprotein, her-2/neu	\$73.79
		83970	Assay of parathormone	\$47.29
		83986	Assay of body fluid acidity	\$3.30
		83992	Assay for phencyclidine	\$16.84
		84022	Assay of phenothiazine	\$14.55
		84030	Assay of blood pku	\$6.11
		84035	Assay of phenylketones	\$2.41
		84060	Assay acid phosphatase	\$7.57
		84061	Phosphatase, forensic exam	\$9.07
		84066	Assay prostate phosphatase	\$11.07
		84075	Assay alkaline phosphatase	\$5.93
		84078	Assay alkaline phosphatase	\$8.36
		84080	Assay alkaline phosphatases	\$16.94
		84081	Amniotic fluid enzyme test	\$18.93
		84085	Assay of rbc pg6d enzyme	\$7.72
		84087	Assay phosphohexose enzymes	\$11.82
		84100	Assay of phosphorus	\$5.44
		84105	Assay of urine phosphorus	\$5.93
		84106	Test for porphobilinogen	\$4.91
		84110	Assay of porphobilinogen	\$9.27
		84119	Test urine for porphyrins	\$9.86
		84120	Assay of urine porphyrins	\$16.85
		84126	Assay of feces porphyrins	\$16.95
		84127	Assay of feces porphyrins	\$13.35
		84132	Assay of serum potassium	\$5.26
		84133	Assay of urine potassium	\$4.93
		84134	Assay of prealbumin	\$16.71
		84135	Assay of pregnanediol	\$21.92

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		84138	Assay of pregnanetriol	\$21.70
		84140	Assay of pregnenolone	\$23.69
		84143	Assay of 17-hydroxypregнено	\$26.15
		84144	Assay of progesterone	\$23.56
		84146	Assay of prolactin	\$22.21
		84150	Assay of prostaglandin	\$10.02
		84152	Assay of psa, complexed	\$21.07
		84153	Assay of psa, total	\$21.07
		84154	Assay of psa, free	\$21.07
		84155	Assay of protein, serum	\$4.20
		84156	Assay of protein, urine	\$4.20
		84157	Assay of protein, other	\$4.20
		84160	Assay of protein, any source	\$5.93
		84163	Pappa, serum	\$17.24
		84165	Electrophoresis of proteins	\$12.31
		84166	Protein e-phoresis/urine/csf	\$20.43
		84181	Western blot test	\$19.52
		84182	Protein, western blot test	\$20.62
		84202	Assay RBC protoporphyrin	\$16.44
		84203	Test RBC protoporphyrin	\$9.86
		84206	Assay of proinsulin	\$20.41
		84207	Assay of vitamin b-6	\$19.82
		84210	Assay of pyruvate	\$12.44
		84220	Assay of pyruvate kinase	\$10.81
		84228	Assay of quinine	\$13.33
		84233	Assay of estrogen	\$73.79
		84234	Assay of progesterone	\$74.32
		84235	Assay of endocrine hormone	\$59.96
		84238	Assay, nonendocrine receptor	\$41.89
		84244	Assay of renin	\$25.20
		84252	Assay of vitamin b-2	\$5.33
		84255	Assay of selenium	\$29.25
		84260	Assay of serotonin	\$35.49
		84270	Assay of sex hormone globul	\$24.90
		84275	Assay of sialic acid	\$9.27
		84285	Assay of silica	\$26.98
		84295	Assay of serum sodium	\$5.51
		84300	Assay of urine sodium	\$5.57
		84302	Assay of sweat sodium	\$5.57
		84305	Assay of somatomedin	\$24.35
		84307	Assay of somatostatin	\$20.94
		84311	Spectrophotometry	\$8.01
		84315	Body fluid specific gravity	\$1.92
		84375	Chromatogram assay, sugars	\$4.38
		84376	Sugars, single, qual	\$6.31
		84377	Sugars, multiple, qual	\$6.31
		84378	Sugars, single, quant	\$13.20
		84379	Sugars multiple quant	\$13.20
		84392	Assay of urine sulfate	\$5.44
		84402	Assay of testosterone	\$29.17

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		84403	Assay of total testosterone	\$29.59
		84425	Assay of vitamin b-1	\$24.33
		84430	Assay of thiocyanate	\$12.16
		84432	Assay of thyroglobulin	\$18.40
		84436	Assay of total thyroxine	\$7.88
		84437	Assay of neonatal thyroxine	\$5.97
		84439	Assay of free thyroxine	\$10.02
		84442	Assay of thyroid activity	\$8.01
		84443	Assay thyroid stim hormone	\$19.18
		84445	Assay of tsi	\$58.26
		84446	Assay of vitamin e	\$16.24
		84449	Assay of transcortin	\$20.62
		84450	Transferase (AST) (SGOT)	\$5.92
		84460	Alanine amino (ALT) (SGPT)	\$6.07
		84466	Assay of transferrin	\$14.63
		84478	Assay of triglycerides	\$6.59
		84479	Assay of thyroid (t3 or t4)	\$7.41
		84480	Assay, triiodothyronine (t3)	\$16.24
		84481	Free assay (FT-3)	\$8.31
		84482	T3 reverse	\$18.06
		84484	Assay of troponin, quant	\$11.28
		84485	Assay duodenal fluid trypsin	\$8.60
		84488	Test feces for trypsin	\$8.36
		84490	Assay of feces for trypsin	\$8.72
		84510	Assay of tyrosine	\$6.92
		84512	Assay of troponin, qual	\$8.82
		84520	Assay of urea nitrogen	\$4.52
		84525	Urea nitrogen semi-quant	\$1.92
		84540	Assay of urine/urea-n	\$5.33
		84545	Urea-N clearance test	\$7.13
		84550	Assay of blood/uric acid	\$5.17
		84560	Assay of urine/uric acid	\$5.44
		84577	Assay of feces/urobilinogen	\$14.29
		84578	Test urine urobilinogen	\$3.72
		84580	Assay of urine urobilinogen	\$4.70
		84583	Assay of urine urobilinogen	\$5.76
		84585	Assay of urine vma	\$17.76
		84586	Assay of vip	\$40.48
		84588	Assay of vasopressin	\$38.89
		84590	Assay of vitamin a	\$13.28
		84591	Assay of nos vitamin	\$13.28
		84597	Assay of vitamin k	\$15.70
		84600	Assay of volatiles	\$18.41
		84620	Xylose tolerance test	\$13.57
		84630	Assay of zinc	\$12.12
		84681	Assay of c-peptide	\$23.84
		84702	Chorionic gonadotropin test	\$17.24
		84703	Chorionic gonadotropin assay	\$8.60
		84830	Ovulation tests	\$4.30
		84999	Clinical chemistry test	\$7.24

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		85002	Bleeding time test	\$5.16
		85004	Automated diff wbc count	\$7.41
		85007	BI smear w/diff wbc count	\$3.94
		85008	BI smear w/o diff wbc count	\$3.94
		85009	Manual diff wbc count b-coat	\$4.26
		85013	Spun microhematocrit	\$2.71
		85014	Hematocrit	\$2.71
		85018	Hemoglobin	\$2.71
		85025	Complete cbc w/auto diff wbc	\$8.91
		85027	Complete cbc, automated	\$7.41
		85032	Manual cell count, each	\$4.93
		85041	Automated rbc count	\$3.44
		85044	Manual reticulocyte count	\$4.93
		85045	Automated reticulocyte count	\$4.58
		85046	Reticyte/hgb concentrate	\$6.40
		85048	Automated leukocyte count	\$2.91
		85049	Automated platelet count	\$5.12
	PA	85055	Reticulated platelet assay	\$20.73
		85060	Blood smear interpretation	\$14.76
		85097	Bone marrow interpretation	\$31.57
		85130	Chromogenic substrate assay	\$13.63
		85170	Blood clot retraction	\$3.30
		85175	Blood clot lysis time	\$5.21
		85210	Blood clot factor II test	\$7.04
		85220	Blood clot factor V test	\$18.66
		85230	Blood clot factor VII test	\$15.98
		85240	Blood clot factor VIII test	\$20.52
		85244	Blood clot factor VIII test	\$23.39
		85245	Blood clot factor VIII test	\$26.29
		85246	Blood clot factor VIII test	\$26.29
		85247	Blood clot factor VIII test	\$26.29
		85250	Blood clot factor IX test	\$18.66
		85260	Blood clot factor X test	\$20.52
		85270	Blood clot factor XI test	\$18.66
		85280	Blood clot factor XII test	\$22.17
		85290	Blood clot factor XIII test	\$18.66
		85291	Blood clot factor XIII test	\$10.18
		85292	Blood clot factor assay	\$21.70
		85293	Blood clot factor assay	\$21.70
		85300	Antithrombin III test	\$13.57
		85301	Antithrombin III test	\$12.39
		85302	Blood clot inhibitor antigen	\$13.78
		85303	Blood clot inhibitor test	\$15.84
		85305	Blood clot inhibitor assay	\$13.28
		85306	Blood clot inhibitor test	\$17.56
		85307	Assay activated protein c	\$17.56
		85335	Factor inhibitor test	\$14.75
		85337	Thrombomodulin	\$11.94
		85345	Coagulation time	\$4.93
		85347	Coagulation time	\$4.88

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		85348	Coagulation time	\$4.26
		85360	Euglobulin lysis	\$9.63
		85362	Fibrin degradation products	\$7.89
		85366	Fibrinogen test	\$9.86
		85370	Fibrinogen test	\$13.01
		85378	Fibrin degrade, semiquant	\$8.18
		85379	Fibrin degradation, quant	\$11.66
		85380	Fibrin degradation, vte	\$11.66
		85384	Fibrinogen	\$9.21
		85385	Fibrinogen	\$9.21
		85390	Fibrinolysins screen	\$5.92
	PA	85396	Clotting assay, whole blood	\$12.94
		85400	Fibrinolytic plasmin	\$10.14
		85410	Fibrinolytic antiplasmin	\$8.83
		85415	Fibrinolytic plasminogen	\$12.81
		85420	Fibrinolytic plasminogen	\$7.49
		85421	Fibrinolytic plasminogen	\$11.67
		85441	Heinz bodies, direct	\$4.82
		85445	Heinz bodies, induced	\$7.81
		85460	Hemoglobin, fetal	\$2.87
		85461	Hemoglobin, fetal	\$7.59
		85475	Hemolysin	\$9.91
		85520	Heparin assay	\$15.00
		85525	Heparin neutralization	\$13.57
		85530	Heparin-protamine tolerance	\$16.24
		85536	Iron stain peripheral blood	\$7.41
		85540	Wbc alkaline phosphatase	\$9.86
		85547	RBC mechanical fragility	\$9.86
		85549	Muramidase	\$19.93
		85555	RBC osmotic fragility	\$6.66
		85557	RBC osmotic fragility	\$15.30
		85576	Blood platelet aggregation	\$24.61
		85597	Platelet neutralization	\$20.60
		85610	Prothrombin time	\$4.50
		85611	Prothrombin test	\$4.52
		85612	Viper venom prothrombin time	\$10.96
		85613	Russell viper venom, diluted	\$10.96
		85635	Reptilase test	\$10.02
		85651	Rbc sed rate, nonautomated	\$4.07
		85652	Rbc sed rate, automated	\$3.09
		85660	RBC sickle cell test	\$6.32
		85670	Thrombin time, plasma	\$6.62
		85675	Thrombin time, titer	\$7.86
		85705	Thromboplastin inhibition	\$10.81
		85730	Thromboplastin time, partial	\$6.66
		85732	Thromboplastin time, partial	\$7.41
		85810	Blood viscosity examination	\$9.41
		85999	Hematology procedure	B.R.
		86000	Agglutinins, febrile	\$8.00
		86001	Allergen specific igg	\$5.99

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Fee Schedule



## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		86003	Allergen specific IgE	\$5.99
		86005	Allergen specific IgE	\$5.69
		86021	WBC antibody identification	\$17.24
		86022	Platelet antibodies	\$17.20
		86023	Immunoglobulin assay	\$14.27
		86038	Antinuclear antibodies	\$13.85
		86039	Antinuclear antibodies (ANA)	\$12.79
		86060	Antistreptolysin o, titer	\$8.36
		86063	Antistreptolysin o, screen	\$5.76
		86064	B cells, total count	\$43.21
		86140	C-reactive protein	\$5.93
		86141	C-reactive protein, hs	\$14.83
		86146	Glycoprotein antibody	\$29.14
		86147	Cardiolipin antibody	\$29.14
		86148	Phospholipid antibody	\$18.40
		86155	Chemotaxis assay	\$4.00
		86156	Cold agglutinin, screen	\$7.68
		86157	Cold agglutinin, titer	\$9.24
		86160	Complement, antigen	\$13.76
		86161	Complement/function activity	\$13.76
		86162	Complement, total (CH50)	\$23.28
		86171	Complement fixation, each	\$6.66
		86185	Counterimmunoelectrophoresis	\$10.25
		86215	Deoxyribonuclease, antibody	\$15.18
		86225	DNA antibody	\$15.74
		86226	DNA antibody, single strand	\$12.67
		86235	Nuclear antigen antibody	\$20.55
		86243	Fc receptor	\$13.64
		86255	Fluorescent antibody, screen	\$13.81
		86256	Fluorescent antibody, titer	\$13.81
		86277	Growth hormone antibody	\$18.03
		86280	Hemagglutination inhibition	\$9.38
		86294	Immunoassay, tumor, qual	\$22.48
		86300	Immunoassay, tumor, ca 15-3	\$23.84
		86301	Immunoassay, tumor, ca 19-9	\$23.84
		86304	Immunoassay, tumor, ca 125	\$23.84
		86308	Heterophile antibodies	\$5.93
		86309	Heterophile antibodies	\$5.64
		86310	Heterophile antibodies	\$8.45
		86316	Immunoassay, tumor other	\$23.84
		86317	Immunoassay, infectious agent	\$15.58
		86318	Immunoassay, infectious agent	\$14.83
		86320	Serum immunoelectrophoresis	\$25.68
		86325	Other immunoelectrophoresis	\$25.62
		86327	Immunoelectrophoresis assay	\$25.99
		86329	Immunodiffusion	\$16.09
		86331	Immunodiffusion ouchterlony	\$13.74
		86332	Immune complex assay	\$27.92
		86334	Immunofixation procedure	\$25.59
		86335	Immunfix e-phorsis/urine/csf	\$33.62

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		86336	Inhibin A	B.R.
		86337	Insulin antibodies	\$24.53
		86340	Intrinsic factor antibody	\$17.27
		86341	Islet cell antibody	\$22.67
		86343	Leukocyte histamine release	\$14.28
		86344	Leukocyte phagocytosis	\$9.15
		86353	Lymphocyte transformation	\$56.16
		86359	T cells, total count	\$43.21
		86360	T cell, absolute count/ratio	\$53.83
		86361	T cell, absolute count	\$20.73
		86376	Microsomal antibody	\$16.67
		86378	Migration inhibitory factor	\$22.56
		86379	Nk cells, total count	\$43.21
		86382	Neutralization test, viral	\$19.37
		86384	Nitroblue tetrazolium dye	\$13.05
		86403	Particle agglutination test	\$11.68
		86406	Particle agglutination test	\$12.19
		86430	Rheumatoid factor test	\$6.50
		86431	Rheumatoid factor, quant	\$6.50
		86485	Skin test, candida	B.R.
		86490	Coccidioidomycosis skin test	\$7.04
		86510	Histoplasmosis skin test	\$7.72
		86580	TB intradermal test	\$6.13
		86585	TB tine test	\$4.77
		86586	Skin test, unlisted	B.R.
		86587	Stem cells, total count	\$43.21
		86590	Streptokinase, antibody	\$12.64
		86592	Blood serology, qualitative	\$4.89
		86593	Blood serology, quantitative	\$5.05
		86602	Antinomyces antibody	\$11.66
		86603	Adenovirus antibody	\$14.74
		86606	Aspergillus antibody	\$17.24
		86609	Bacterium antibody	\$14.76
		86611	Bartonella antibody	\$11.66
		86612	Blastomyces antibody	\$14.78
		86615	Bordetella antibody	\$15.11
		86617	Lyme disease antibody	\$17.74
		86618	Lyme disease antibody	\$19.52
		86619	Borrelia antibody	\$15.33
		86622	Brucella antibody	\$10.23
		86625	Campylobacter antibody	\$15.03
		86628	Candida antibody	\$13.76
		86631	Chlamydia antibody	\$13.55
		86632	Chlamydia igm antibody	\$14.55
		86635	Coccidioides antibody	\$13.14
		86638	Q fever antibody	\$13.89
		86641	Cryptococcus antibody	\$16.51
		86644	CMV antibody	\$15.07
		86645	CMV antibody, IgM	\$19.30
		86648	Diphtheria antibody	\$14.01

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		86651	Encephalitis antibody	\$15.11
		86652	Encephalitis antibody	\$15.11
		86653	Encephalitis antibody	\$15.11
		86654	Encephalitis antibody	\$15.11
		86658	Enterovirus antibody	\$14.92
		86663	Epstein-barr antibody	\$15.03
		86664	Epstein-barr antibody	\$17.53
		86665	Epstein-barr antibody	\$20.79
		86666	Ehrlichia antibody	\$11.66
		86668	Francisella tularensis	\$11.91
		86671	Fungus antibody	\$8.76
		86674	Giardia lamblia antibody	\$16.86
		86677	Helicobacter pylori	\$16.63
		86682	Helminth antibody	\$14.90
		86684	Hemophilus influenza	\$18.15
		86687	Htlv-i antibody	\$9.61
		86688	Htlv-ii antibody	\$16.05
		86689	HTLV/HIV confirmatory test	\$22.18
		86692	Hepatitis, delta agent	\$19.66
		86694	Herpes simplex test	\$15.07
		86695	Herpes simplex test	\$15.11
		86696	Herpes simplex type 2	\$22.18
		86698	Histoplasma	\$14.32
		86701	HIV-1	\$10.18
		86702	HIV-2	\$15.48
		86703	HIV-1/HIV-2, single assay	\$15.72
		86704	Hep b core antibody, total	\$13.81
		86705	Hep b core antibody, igm	\$13.48
		86706	Hep b surface antibody	\$12.31
		86707	Hep be antibody	\$13.25
		86708	Hep a antibody, total	\$14.19
		86709	Hep a antibody, igm	\$12.90
		86710	Influenza virus antibody	\$15.53
		86713	Legionella antibody	\$17.54
		86717	Leishmania antibody	\$14.04
		86720	Leptospira antibody	\$15.11
		86723	Listeria monocytogenes ab	\$15.11
		86727	Lymph choriomeningitis ab	\$14.74
		86729	Lympho venereum antibody	\$13.69
		86732	Mucormycosis antibody	\$15.11
		86735	Mumps antibody	\$14.95
		86738	Mycoplasma antibody	\$15.18
		86741	Neisseria meningitidis	\$15.11
		86744	Nocardia antibody	\$15.11
		86747	Parvovirus antibody	\$17.22
		86750	Malaria antibody	\$14.01
		86753	Protozoa antibody nos	\$14.20
		86756	Respiratory virus antibody	\$14.77
		86757	Rickettsia antibody	\$22.18
		86759	Rotavirus antibody	\$15.11

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		86762	Rubella antibody	\$15.07
		86765	Rubeola antibody	\$14.76
		86768	Salmonella antibody	\$11.82
		86771	Shigella antibody	\$15.11
		86774	Tetanus antibody	\$9.95
		86777	Toxoplasma antibody	\$15.07
		86778	Toxoplasma antibody, igm	\$16.50
		86781	Treponema pallidum, confirm	\$15.17
		86784	Trichinella antibody	\$14.39
		86787	Varicella-zoster antibody	\$14.76
		86790	Virus antibody nos	\$14.76
		86793	Yersinia antibody	\$15.11
		86800	Thyroglobulin antibody	\$18.22
		86803	Hepatitis c ab test	\$16.35
		86804	Hep c ab test, confirm	\$17.74
		86805	Lymphocytotoxicity assay	\$24.69
		86806	Lymphocytotoxicity assay	\$19.93
		86807	Cytotoxic antibody screening	\$23.94
		86808	Cytotoxic antibody screening	\$15.07
		86812	HLA typing, A, B, or C	\$29.57
		86813	HLA typing, A, B, or C	\$66.44
		86816	HLA typing, DR/DQ	\$31.91
		86817	HLA typing, DR/DQ	\$73.76
		86821	Lymphocyte culture, mixed	\$64.68
		86822	Lymphocyte culture, primed	\$41.88
		86849	Immunology procedure	B.R.
		86850	RBC antibody screen	\$7.96
		86860	RBC antibody elution	B.R.
		86870	RBC antibody identification	B.R.
		86880	Coombs test, direct	\$6.15
		86885	Coombs test, indirect, qual	\$6.55
		86886	Coombs test, indirect, titer	\$5.93
		86890	Autologous blood process	\$113.15
		86891	Autologous blood, op salvage	B.R.
		86900	Blood typing, ABO	\$3.42
		86901	Blood typing, Rh (D)	\$3.42
		86903	Blood typing, antigen screen	\$10.82
		86904	Blood typing, patient serum	\$10.89
		86905	Blood typing, RBC antigens	\$4.00
		86906	Blood typing, Rh phenotype	\$8.52
		86910	Blood typing, paternity test	#
		86911	Blood typing, antigen system	#
		86920	Compatibility test	B.R.
		86921	Compatibility test	B.R.
		86922	Compatibility test	B.R.
		86927	Plasma, fresh frozen	B.R.
		86930	Frozen blood prep	B.R.
		86931	Frozen blood thaw	B.R.
		86932	Frozen blood freeze/thaw	B.R.
		86940	Hemolysins/agglutinins, auto	\$9.40

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		86941	Hemolysins/agglutinins	\$13.87
		86945	Blood product/irradiation	B.R.
		86950	Leukocyte transfusion	\$3.70
		86965	Pooling blood platelets	B.R.
		86970	RBC pretreatment	B.R.
		86971	RBC pretreatment	B.R.
		86972	RBC pretreatment	B.R.
		86975	RBC pretreatment, serum	B.R.
		86976	RBC pretreatment, serum	B.R.
		86977	RBC pretreatment, serum	B.R.
		86978	RBC pretreatment, serum	B.R.
		86985	Split blood or products	B.R.
		86999	Transfusion procedure	\$13.12
		87001	Small animal inoculation	\$5.97
		87003	Small animal inoculation	\$19.29
		87015	Specimen concentration	\$7.65
		87040	Blood culture for bacteria	\$11.82
		87045	Feces culture, bacteria	\$10.81
		87046	Stool cultur, bacteria, each	\$10.81
		87070	Culture, bacteria, other	\$9.86
		87071	Culture bacteri aerobic othr	\$10.81
		87073	Culture bacteria anaerobic	\$10.81
		87075	Cultr bacteria, except blood	\$10.84
		87076	Culture anaerobe ident, each	\$9.26
		87077	Culture aerobic identify	\$9.26
		87081	Culture screen only	\$7.59
		87084	Culture of specimen by kit	\$9.86
		87086	Urine culture/colony count	\$9.25
		87088	Urine bacteria culture	\$7.36
		87101	Skin fungi culture	\$8.83
		87102	Fungus isolation culture	\$9.63
		87103	Blood fungus culture	\$10.33
		87106	Fungi identification, yeast	\$11.82
		87107	Fungi identification, mold	\$11.82
		87109	Mycoplasma	\$12.37
		87110	Chlamydia culture	\$22.44
		87116	Mycobacteria culture	\$12.38
		87118	Mycobacteric identification	\$12.54
		87140	Culture type immunofluoresc	\$6.39
		87143	Culture typing, glc/hplc	\$14.36
		87147	Culture type, immunologic	\$5.93
		87149	Culture type, nucleic acid	\$22.98
		87152	Culture type pulse field gel	\$5.99
		87158	Culture typing, added method	\$5.99
		87164	Dark field examination	\$12.31
		87166	Dark field examination	\$5.33
		87168	Macroscopic exam arthropod	\$4.89
		87169	Macroscopic exam parasite	\$4.89
		87172	Pinworm exam	\$4.89
		87176	Tissue homogenization, cultr	\$5.97

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		87177	Ova and parasites smears	\$10.19
		87181	Microbe susceptible, diffuse	\$5.44
		87184	Microbe susceptible, disk	\$7.90
		87185	Microbe susceptible, enzyme	\$5.44
		87186	Microbe susceptible, mic	\$9.91
		87187	Microbe susceptible, mlc	\$11.87
		87188	Microbe suscept, macrobroth	\$7.60
		87190	Microbe suscept, mycobacteri	\$6.48
		87197	Bactericidal level, serum	\$17.21
		87205	Smear, gram stain	\$4.89
		87206	Smear, fluorescent/acid stai	\$6.15
		87207	Smear, special stain	\$6.86
		87210	Smear, wet mount, saline/ink	\$4.89
		87220	Tissue exam for fungi	\$4.89
		87230	Assay, toxin or antitoxin	\$22.62
		87250	Virus inoculate, eggs/animal	\$21.95
		87252	Virus inoculation, tissue	\$29.86
		87253	Virus inoculate tissue, addl	\$23.14
		87254	Virus inoculation, shell via	\$21.95
		87255	Genet virus isolate, hsv	\$38.79
		87260	Adenovirus ag, if	\$13.74
		87265	Pertussis ag, if	\$13.74
		87267	Enterovirus antibody, dfa	\$13.74
		87269	Giardia ag, if	\$13.74
		87270	Chlamydia trachomatis ag, if	\$13.74
		87271	Cryptosporidium/gardia ag, if	\$13.74
		87272	Cryptosporidium ag, if	\$13.74
		87273	Herpes simplex 2, ag, if	\$13.74
		87274	Herpes simplex 1, ag, if	\$13.74
		87275	Influenza b, ag, if	\$13.74
		87276	Influenza a, ag, if	\$13.74
		87277	Legionella micdadei, ag, if	\$13.74
		87278	Legion pneumophilia ag, if	\$13.74
		87279	Parainfluenza, ag, if	\$13.74
		87280	Respiratory syncytial ag, if	\$13.74
		87281	Pneumocystis carinii, ag, if	\$13.74
		87283	Rubeola, ag, if	\$13.74
		87285	Treponema pallidum, ag, if	\$13.74
		87290	Varicella zoster, ag, if	\$13.74
		87299	Antibody detection, nos, if	\$13.74
		87300	Ag detection, polyval, if	\$13.74
		87301	Adenovirus ag, eia	\$13.74
		87320	Chylmd trach ag, eia	\$13.74
		87324	Clostridium ag, eia	\$13.74
		87327	Cryptococcus neoform ag, eia	\$13.74
		87328	Cryptosporidium ag, eia	\$13.74
		87329	Giardia ag, eia	\$13.74
		87332	Cytomegalovirus ag, eia	\$13.74
		87335	E coli 0157 ag, eia	\$13.74
		87336	Entamoeb hist dispr, ag, eia	\$13.74

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Effective Date	PA	Code	Brief Description	FS Fee
		87337	Entamoeb hist group, ag, eia	\$13.74
		87338	Hpylori, stool, eia	\$13.74
		87339	H pylori ag, eia	\$13.74
		87340	Hepatitis b surface ag, eia	\$11.83
		87341	Hepatitis b surface, ag, eia	\$11.83
		87350	Hepatitis be ag, eia	\$13.20
		87380	Hepatitis delta ag, eia	\$18.81
		87385	Histoplasma capsul ag, eia	\$13.74
		87390	Hiv-1 ag, eia	\$20.21
		87391	Hiv-2 ag, eia	\$20.21
		87400	Influenza a/b, ag, eia	\$13.74
		87420	Resp syncytial ag, eia	\$13.74
		87425	Rotavirus ag, eia	\$13.74
		87427	Shiga-like toxin ag, eia	\$13.74
		87430	Strep a ag, eia	\$13.74
		87449	Ag detect nos, eia, mult	\$13.74
		87450	Ag detect nos, eia, single	\$10.98
		87451	Ag detect polyval, eia, mult	\$10.98
		87470	Bartonella, dna, dir probe	\$22.98
		87471	Bartonella, dna, amp probe	\$40.21
		87472	Bartonella, dna, quant	\$49.08
		87475	Lyme dis, dna, dir probe	\$22.98
		87476	Lyme dis, dna, amp probe	\$40.21
		87477	Lyme dis, dna, quant	\$49.08
		87480	Candida, dna, dir probe	\$22.98
		87481	Candida, dna, amp probe	\$40.21
		87482	Candida, dna, quant	\$47.83
		87485	Chylmd pneum, dna, dir probe	\$22.98
		87486	Chylmd pneum, dna, amp probe	\$40.21
		87487	Chylmd pneum, dna, quant	\$49.08
		87490	Chylmd trach, dna, dir probe	\$22.98
		87491	Chylmd trach, dna, amp probe	\$40.21
		87492	Chylmd trach, dna, quant	\$40.05
		87495	Cytomeg, dna, dir probe	\$22.98
		87496	Cytomeg, dna, amp probe	\$40.21
		87497	Cytomeg, dna, quant	\$49.08
		87510	Gardner vag, dna, dir probe	\$22.98
		87511	Gardner vag, dna, amp probe	\$40.21
		87512	Gardner vag, dna, quant	\$47.83
		87515	Hepatitis b, dna, dir probe	\$22.98
		87516	Hepatitis b, dna, amp probe	\$40.21
		87517	Hepatitis b, dna, quant	\$49.08
		87520	Hepatitis c, rna, dir probe	\$22.98
		87521	Hepatitis c, rna, amp probe	\$40.21
		87522	Hepatitis c, rna, quant	\$49.08
		87525	Hepatitis g, dna, dir probe	\$22.98
		87526	Hepatitis g, dna, amp probe	\$40.21
		87527	Hepatitis g, dna, quant	\$47.83
		87528	Hsv, dna, dir probe	\$22.98
		87529	Hsv, dna, amp probe	\$40.21

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		87530	Hsv, dna, quant	\$49.08
		87531	Hhv-6, dna, dir probe	\$22.98
		87532	Hhv-6, dna, amp probe	\$40.21
		87533	Hhv-6, dna, quant	\$47.83
		87534	Hiv-1, dna, dir probe	\$22.98
		87535	Hiv-1, dna, amp probe	\$40.21
		87536	Hiv-1, dna, quant	\$97.49
		87537	Hiv-2, dna, dir probe	\$22.98
		87538	Hiv-2, dna, amp probe	\$40.21
		87539	Hiv-2, dna, quant	\$49.08
		87540	Legion pneumo, dna, dir prob	\$22.98
		87541	Legion pneumo, dna, amp prob	\$40.21
		87542	Legion pneumo, dna, quant	\$47.83
		87550	Mycobacteria, dna, dir probe	\$22.98
		87551	Mycobacteria, dna, amp probe	\$40.21
		87552	Mycobacteria, dna, quant	\$49.08
		87555	M.tuberculo, dna, dir probe	\$22.98
		87556	M.tuberculo, dna, amp probe	\$40.21
		87557	M.tuberculo, dna, quant	\$49.08
		87560	M.avium-intra, dna, dir prob	\$22.98
		87561	M.avium-intra, dna, amp prob	\$40.21
		87562	M.avium-intra, dna, quant	\$49.08
		87580	M.pneumon, dna, dir probe	\$22.98
		87581	M.pneumon, dna, amp probe	\$40.21
		87582	M.pneumon, dna, quant	\$47.83
		87590	N.gonorrhoeae, dna, dir prob	\$22.98
		87591	N.gonorrhoeae, dna, amp prob	\$40.21
		87592	N.gonorrhoeae, dna, quant	\$49.08
		87620	Hpv, dna, dir probe	\$22.98
		87621	Hpv, dna, amp probe	\$40.21
		87622	Hpv, dna, quant	\$47.83
		87650	Strep a, dna, dir probe	\$22.98
		87651	Strep a, dna, amp probe	\$40.21
		87652	Strep a, dna, quant	\$47.83
		87660	Trichomonas vagin, dir probe	\$22.98
		87797	Detect agent nos, dna, dir	\$22.98
		87798	Detect agent nos, dna, amp	\$40.21
		87799	Detect agent nos, dna, quant	\$49.08
		87800	Detect agnt mult, dna, direc	\$45.94
		87801	Detect agnt mult, dna, ampli	\$80.42
		87802	Strep b assay w/optic	\$13.74
		87803	Clostridium toxin a w/optic	\$13.74
		87804	Influenza assay w/optic	\$13.74
		87807	Rsv assay w/optic	\$13.74
		87810	Chylmd trach assay w/optic	\$13.74
		87850	N. gonorrhoeae assay w/optic	\$13.74
		87880	Strep a assay w/optic	\$13.74
		87899	Agent nos assay w/optic	\$13.74
		87901	Genotype, dna, hiv reverse t	\$294.95
		87902	Genotype, dna, hepatitis C	\$294.95

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Fee Schedule



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Effective Date	PA	Code	Brief Description	FS Fee
		87903	Phenotype, dna hiv w/culture	\$559.83
		87904	Phenotype, dna hiv w/clt add	\$149.33
		87999	Microbiology procedure	B.R.
		88000	Autopsy (necropsy), gross	#
		88005	Autopsy (necropsy), gross	#
		88007	Autopsy (necropsy), gross	#
		88012	Autopsy (necropsy), gross	#
		88014	Autopsy (necropsy), gross	#
		88016	Autopsy (necropsy), gross	#
		88020	Autopsy (necropsy), complete	#
		88025	Autopsy (necropsy), complete	#
		88027	Autopsy (necropsy), complete	#
		88028	Autopsy (necropsy), complete	#
		88029	Autopsy (necropsy), complete	#
		88036	Limited autopsy	#
		88037	Limited autopsy	#
		88040	Forensic autopsy (necropsy)	#
		88045	Coroner's autopsy (necropsy)	#
		88099	Necropsy (autopsy) procedure	#
		88104	Cytopathology, fluids	\$14.53
		88106	Cytopathology, fluids	\$44.74
		88107	Cytopathology, fluids	\$53.82
		88108	Cytopath, concentrate tech	\$41.56
		88112	Cytopath, cell enhance tech	\$34.06
		88125	Forensic cytopathology	\$3.86
		88130	Sex chromatin identification	\$17.24
		88140	Sex chromatin identification	\$9.16
		88141	Cytopath, c/v, interpret	\$13.40
		88142	Cytopath, c/v, thin layer	\$28.31
		88143	Cytopath c/v thin layer redo	\$28.31
		88147	Cytopath, c/v, automated	\$15.90
		88148	Cytopath, c/v, auto rescreen	\$21.23
		88150	Cytopath, c/v, manual	\$14.76
		88152	Cytopath, c/v, auto redo	\$14.76
		88153	Cytopath, c/v, redo	\$14.76
		88154	Cytopath, c/v, select	\$14.76
		88155	Cytopath, c/v, index add-on	\$6.86
		88160	Cytopath smear, other source	\$14.76
		88161	Cytopath smear, other source	\$17.26
		88162	Cytopath smear, other source	\$16.35
		88164	Cytopath tbs, c/v, manual	\$14.76
		88165	Cytopath tbs, c/v, redo	\$14.76
		88166	Cytopath tbs, c/v, auto redo	\$14.76
		88167	Cytopath tbs, c/v, select	\$14.76
		88172	Cytopathology eval of fna	\$11.13
		88173	Cytopath eval, fna, report	\$36.11
		88174	Cytopath, c/v auto, in fluid	\$29.85
		88175	Cytopath c/v auto fluid redo	\$37.01
		88182	Cell marker study	\$64.50
		88184	Flowcytometry/ tc, 1 marker	\$30.89

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		88185	Flowcytometry/tc, add-on	\$15.22
		88187	Flowcytometry/read, 2-8	\$41.56
		88188	Flowcytometry/read, 9-15	\$51.78
		88189	Flowcytometry/read, 16 & >	\$68.36
		88199	Cytopathology procedure	B.R.
		88230	Tissue culture, lymphocyte	\$133.47
		88233	Tissue culture, skin/biopsy	\$161.24
		88235	Tissue culture, placenta	\$168.71
		88237	Tissue culture, bone marrow	\$144.71
		88239	Tissue culture, tumor	\$169.02
		88240	Cell cryopreserve/storage	#
		88241	Frozen cell preparation	#
		88245	Chromosome analysis, 20-25	\$170.54
		88248	Chromosome analysis, 50-100	\$198.41
		88249	Chromosome analysis, 100	\$198.41
		88261	Chromosome analysis, 5	\$202.48
		88262	Chromosome analysis, 15-20	\$142.79
		88263	Chromosome analysis, 45	\$172.18
		88264	Chromosome analysis, 20-25	\$142.79
		88267	Chromosome analys, placenta	\$205.96
		88269	Chromosome analys, amniotic	\$190.55
		88271	Cytogenetics, dna probe	\$24.54
		88272	Cytogenetics, 3-5	\$30.68
		88273	Cytogenetics, 10-30	\$36.81
		88274	Cytogenetics, 25-99	\$39.88
		88275	Cytogenetics, 100-300	\$46.01
		88280	Chromosome karyotype study	\$28.76
		88283	Chromosome banding study	\$32.57
		88285	Chromosome count, additional	\$21.76
		88289	Chromosome study, additional	\$39.45
		88291	Cyto/molecular report	\$16.12
		88299	Cytogenetic study	\$15.40
		88300	Surgical path, gross	\$9.99
		88302	Tissue exam by pathologist	\$22.71
		88304	Tissue exam by pathologist	\$28.84
		88305	Tissue exam by pathologist	\$37.24
		88307	Tissue exam by pathologist	\$58.14
		88309	Tissue exam by pathologist	\$80.17
		88311	Decalcify tissue	\$3.18
		88312	Special stains	\$29.98
		88313	Special stains	\$26.80
		88314	Histochemical stain	\$43.60
		88318	Chemical histochemistry	\$34.06
		88319	Enzyme histochemistry	\$74.03
		88321	Microslide consultation	\$43.38
		88323	Microslide consultation	\$28.39
		88325	Comprehensive review of data	\$74.26
		88329	Path consult introp	\$22.48
		88331	Path consult intraop, 1 bloc	\$14.31
		88332	Path consult intraop, add'l	\$5.22

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		88342	Immunohistochemistry	\$25.89
		88346	Immunofluorescent study	\$28.39
		88347	Immunofluorescent study	\$21.35
		88348	Electron microscopy	\$202.57
		88349	Scanning electron microscopy	\$75.62
		88355	Analysis, skeletal muscle	\$185.31
		88356	Analysis, nerve	\$68.81
		88358	Analysis, tumor	\$11.36
		88360	Tumor immunohistochem/manual	\$29.52
		88361	Immunohistochemistry, tumor	\$59.73
		88362	Nerve teasing preparations	\$88.11
		88365	Tissue hybridization	\$37.70
		88367	Insitu hybridization, auto	\$81.76
		88368	Insitu hybridization, manual	\$42.47
		88371	Protein, western blot tissue	\$14.18
		88372	Protein analysis w/probe	\$21.26
		88380	Microdissection	B.R.
		88399	Surgical pathology procedure	B.R.
		88400	Bilirubin total transcut	\$5.29
		89050	Body fluid cell count	\$5.42
		89051	Body fluid cell count	\$6.31
		89055	Leukocyte assessment, fecal	\$4.89
		89060	Exam,synovial fluid crystals	\$8.19
		89100	Sample intestinal contents	\$19.08
		89105	Sample intestinal contents	\$15.67
		89125	Specimen fat stain	\$4.94
		89130	Sample stomach contents	\$13.63
		89132	Sample stomach contents	\$5.90
		89135	Sample stomach contents	\$24.53
		89136	Sample stomach contents	\$7.04
		89140	Sample stomach contents	\$28.39
		89141	Sample stomach contents	\$27.48
		89160	Exam feces for meat fibers	\$2.69
		89190	Nasal smear for eosinophils	\$5.44
		89220	Sputum specimen collection	\$10.22
		89225	Starch granules, feces	\$2.69
		89230	Collect sweat for test	\$2.95
		89235	Water load test	\$3.05
		89240	Pathology lab procedure	#
		89250	Cultr oocyte/embryo <4 days	#
		89251	Cultr oocyte/embryo <4 days	#
		89253	Embryo hatching	#
		89254	Oocyte identification	#
		89255	Prepare embryo for transfer	#
		89257	Sperm identification	#
		89258	Cryopreservation; embryo(s)	#
		89259	Cryopreservation, sperm	#
		89260	Sperm isolation, simple	#
		89261	Sperm isolation, complex	#
		89264	Identify sperm tissue	#

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		89268	Insemination of oocytes	#
		89272	Extended culture of oocytes	#
		89280	Assist oocyte fertilization	#
		89281	Assist oocyte fertilization	#
		89290	Biopsy, oocyte polar body	#
		89291	Biopsy, oocyte polar body	#
		89300	Semen analysis w/huhner	#
		89310	Semen analysis w/count	#
		89320	Semen analysis, complete	#
		89321	Semen analysis & motility	Bundled
		89325	Sperm antibody test	#
		89329	Sperm evaluation test	#
		89330	Evaluation, cervical mucus	#
		89335	Cryopreserve testicular tiss	#
		89342	Storage/year; embryo(s)	#
		89343	Storage/year; sperm/semen	#
		89344	Storage/year; reprod tissue	#
		89346	Storage/year; oocyte	#
		89352	Thawing cryopresrved; embryo	#
		89353	Thawing cryopresrved; sperm	#
		89354	Thaw cryoprsvrd; reprod tiss	#
		89356	Thawing cryopresrved; oocyte	#
	PA	90378	Rsv ig, im, 50mg	\$621.18
		91000	Esophageal intubation	\$2.04
		91010	Esophagus motility study	\$92.88
		91011	Esophagus motility study	\$109.69
		91012	Esophagus motility study	\$122.41
		91020	Gastric motility	\$94.25
		91030	Acid perfusion of esophagus	\$49.05
		91034	Gastroesophageal reflux test	\$114.23
		91035	G-esoph reflx tst w/electrod	\$237.55
		91037	Esoph imped function test	\$60.86
		91038	Esoph imped funct test > 1h	\$43.38
		91040	Esoph balloon distension tst	\$250.26
		91052	Gastric analysis test	\$50.42
		91055	Gastric intubation for smear	\$62.00
		91060	Gastric saline load test	\$42.47
		91065	Breath hydrogen test	\$32.48
		91110	Gi tract capsule endoscopy	#
		91120	Rectal sensation test	\$246.40
		91122	Anal pressure record	\$105.37
		91132	Electrogastrography	BR
		91133	Electrogastrography w/test	BR
		91299	Gastroenterology procedure	BR
		92060	Special eye evaluation	\$10.45
		92065	Orthoptic/pleoptic training	#
		92081	Visual field examination(s)	\$18.40
		92082	Visual field examination(s)	\$24.30
		92083	Visual field examination(s)	\$28.16
		92135	Ophthalmic dx imaging	\$14.99

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		92136	Ophthalmic biometry	\$33.84
		92235	Eye exam with photos	\$52.91
		92240	Icg angiography	\$130.36
		92250	Eye exam with photos	\$31.11
		92265	Eye muscle evaluation	\$28.39
		92270	Electro-oculography	\$28.16
		92275	Electroretinography	\$35.20
		92283	Color vision examination	\$17.94
		92284	Dark adaptation eye exam	\$41.79
		92285	Eye photography	\$20.89
		92286	Internal eye photography	\$64.04
		92499	Eye service or procedure	B.R.
		92506	Speech/hearing evaluation	\$29.30
		92507	Speech/hearing therapy	\$17.49
		92508	Speech/hearing therapy	\$8.86
		92510	Rehab for ear implant	\$54.50
		92526	Oral function therapy	\$17.49
		92531	Spontaneous nystagmus study	Bundled
		92532	Positional nystagmus test	Bundled
		92533	Caloric vestibular test	Bundled
		92534	Optokinetic nystagmus test	Bundled
		92541	Spontaneous nystagmus test	\$19.76
		92542	Positional nystagmus test	\$22.94
		92543	Caloric vestibular test	\$12.26
		92544	Optokinetic nystagmus test	\$18.40
		92545	Oscillating tracking test	\$16.35
		92546	Sinusoidal rotational test	\$43.15
		92547	Supplemental electrical test	\$2.95
		92548	Posturography	#
		92551	Pure tone hearing test, air	\$10.28
		92552	Pure tone audiometry, air	\$10.90
		92553	Audiometry, air & bone	\$16.35
		92555	Speech threshold audiometry	\$9.54
		92556	Speech audiometry, complete	\$14.31
		92557	Comprehensive hearing test	\$29.75
		92567	Tympanometry	\$13.17
		92568	Acoustic reflex testing	\$9.54
		92569	Acoustic reflex decay test	\$10.22
		92579	Visual audiometry (vra)	\$17.94
		92582	Conditioning play audiometry	\$17.94
		92584	Electrocochleography	\$60.86
		92585	Auditor evoke potent, compre	\$45.42
		92586	Auditory evoked potent, limited	\$45.42
		92587	Evoked auditory test	\$32.25
		92588	Evoked auditory test	\$36.34
		92597	Oral speech device eval	\$30.43
		92601	Cochlear implt f/up exam < 7	\$82.21
		92602	Reprogram cochlear implt < 7	\$56.32
		92603	Cochlear implt f/up exam 7 >	\$50.64
		92604	Reprogram cochlear implt 7 >	\$32.48

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		92605	Eval for nonspeech device rx	Bundled
		92606	Non-speech device service	Bundled
		92607	Ex for speech device rx, 1hr	\$71.99
		92608	Ex for speech device rx addl	\$13.63
		92609	Use of speech device service	\$37.47
		92610	Evaluate swallowing function	\$80.62
		92611	Motion fluoroscopy/swallow	\$80.62
		92620	Auditory function, 60 min	\$27.48
		92621	Auditory function, + 15 min	\$6.81
		92625	Tinnitus assessment	\$27.02
		92700	Ent procedure/service	B.R.
		92978	Intravasc us, heart add-on	\$109.69
		92979	Intravasc us, heart add-on	\$55.41
		93000	Electrocardiogram, complete	\$16.12
		93005	Electrocardiogram, tracing	\$10.67
		93012	Transmission of ecg	\$56.65
		93017	Cardiovascular stress test	\$40.88
		93024	Cardiac drug stress test	\$27.25
		93025	Microvolt t-wave assess	#
		93040	Rhythm ECG with report	\$8.63
		93041	Rhythm ECG, tracing	\$3.63
		93225	ECG monitor/record, 24 hrs	\$30.20
		93226	ECG monitor/report, 24 hrs	\$52.91
		93231	Ecg monitor/record, 24 hrs	\$37.24
		93232	ECG monitor/report, 24 hrs	\$52.69
		93236	ECG monitor/report, 24 hrs	\$63.13
		93270	ECG recording	\$30.20
		93271	Ecg/monitoring and analysis	\$142.16
		93278	ECG/signal-averaged	\$28.61
		93303	Echo transthoracic	\$93.34
		93304	Echo transthoracic	\$47.24
		93307	Echo exam of heart	\$93.34
		93308	Echo exam of heart	\$47.24
		93312	Echo transesophageal	\$92.66
		93314	Echo transesophageal	\$92.66
		93315	Echo transesophageal	\$87.43
		93317	Echo transesophageal	\$87.43
		93318	Echo transesophageal intraop	B.R.
		93320	Doppler echo exam, heart	\$41.79
		93321	Doppler echo exam, heart	\$27.02
		93325	Doppler color flow add-on	\$70.86
		93350	Echo transthoracic	\$43.15
		93501	Right heart catheterization	\$409.92
		93505	Biopsy of heart lining	\$48.60
		93508	Cath placement, angiography	\$303.18
		93510	Left heart catheterization	\$896.14
		93511	Left heart catheterization	\$872.29
		93514	Left heart catheterization	\$872.29
		93524	Left heart catheterization	\$1,140.04
		93526	Rt & Lt heart catheters	\$1,171.38

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		93527	Rt & Lt heart catheters	\$1,140.04
		93528	Rt & Lt heart catheters	\$1,140.04
		93529	Rt, Lt heart catheterization	\$1,140.04
		93530	Rt heart cath, congenital	\$409.92
		93531	R & I heart cath, congenital	\$1,171.38
		93532	R & I heart cath, congenital	\$1,140.04
		93533	R & I heart cath, congenital	\$1,140.04
		93555	Imaging, cardiac cath	\$151.25
		93556	Imaging, cardiac cath	\$238.00
		93561	Cardiac output measurement	\$13.17
		93562	Cardiac output measurement	\$8.18
		93571	Heart flow reserve measure	\$109.69
		93572	Heart flow reserve measure	\$55.41
		93600	Bundle of His recording	\$47.46
		93602	Intra-atrial recording	\$27.02
		93603	Right ventricular recording	\$40.88
		93609	Map tachycardia, add-on	\$66.09
		93610	Intra-atrial pacing	\$32.93
		93612	Intraventricular pacing	\$39.29
		93613	Electrophys map 3d, add-on	\$231.87
		93615	Esophageal recording	\$7.72
		93616	Esophageal recording	\$7.72
		93618	Heart rhythm pacing	\$95.84
		93619	Electrophysiology evaluation	\$186.68
		93620	Electrophysiology evaluation	\$204.84
		93621	Electrophysiology evaluation	\$83.35
		93622	Electrophysiology evaluation	\$122.63
		93623	Stimulation, pacing heart	\$112.64
		93624	Electrophysiologic study	\$48.15
		93631	Heart pacing, mapping	\$153.52
		93640	Evaluation heart device	\$173.50
		93641	Electrophysiology evaluation	\$173.50
		93642	Electrophysiology evaluation	\$173.50
		93660	Tilt table evaluation	\$39.06
		93662	Intracardiac ecg (ice)	B.R.
		93701	Bioimpedance, thoracic	#
		93721	Plethysmography tracing	\$17.49
		93724	Analyze pacemaker system	\$95.84
		93731	Analyze pacemaker system	\$12.04
		93732	Analyze pacemaker system	\$12.49
		93733	Telephone analy, pacemaker	\$17.94
		93734	Analyze pacemaker system	\$8.40
		93735	Analyze pacemaker system	\$10.90
		93736	Telephonic analy, pacemaker	\$15.67
		93740	Temperature gradient studies	Bundled
		93741	Analyze ht pace device sngl	\$16.12
		93742	Analyze ht pace device sngl	\$16.12
		93743	Analyze ht pace device dual	\$17.71
		93744	Analyze ht pace device dual	\$16.12
		93770	Measure venous pressure	Bundled

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		93786	Ambulatory BP recording	\$21.12
		93799	Cardiovascular procedure	B.R.
		93875	Extracranial study	\$54.05
		93880	Extracranial study	\$130.13
		93882	Extracranial study	\$81.76
		93886	Intracranial study	\$154.43
		93888	Intracranial study	\$97.65
		93890	Tcd, vasoreactivity study	\$111.28
		93892	Tcd, emboli detect w/o inj	\$115.82
		93893	Tcd, emboli detect w/inj	\$112.87
		93922	Extremity study	\$62.45
		93923	Extremity study	\$93.79
		93924	Extremity study	\$111.28
		93925	Lower extremity study	\$158.52
		93926	Lower extremity study	\$94.93
		93930	Upper extremity study	\$126.72
		93931	Upper extremity study	\$82.44
		93965	Extremity study	\$63.82
		93970	Extremity study	\$123.32
		93971	Extremity study	\$84.48
		93975	Vascular study	\$170.32
		93976	Vascular study	\$96.29
		93978	Vascular study	\$106.06
		93979	Vascular study	\$75.17
		93980	Penile vascular study	\$62.68
		93981	Penile vascular study	\$68.81
		93990	Doppler flow testing	\$94.25
		94010	Breathing capacity test	\$14.76
		94060	Evaluation of wheezing	\$23.85
		94070	Evaluation of wheezing	\$16.58
		94150	Vital capacity test	Bundled
		94200	Lung function test (MBC/MVV)	\$9.77
		94240	Residual lung capacity	\$14.31
		94250	Expired gas collection	\$14.31
		94260	Thoracic gas volume	\$13.17
		94350	Lung nitrogen washout curve	\$16.35
		94360	Measure airflow resistance	\$15.44
		94370	Breath airway closing volume	\$15.22
		94375	Respiratory flow volume loop	\$12.26
		94400	CO2 breathing response curve	\$17.71
		94450	Hypoxia response curve	\$17.26
		94620	Pulmonary stress test/simple	\$54.73
		94621	Pulm stress test/complex	\$42.47
		94680	Exhaled air analysis, o2	\$42.24
		94681	Exhaled air analysis, o2/co2	\$59.05
		94690	Exhaled air analysis	\$46.33
		94720	Monoxide diffusing capacity	\$22.26
		94725	Membrane diffusion capacity	\$67.68
		94750	Pulmonary compliance study	\$29.98
		94770	Exhaled carbon dioxide test	\$17.71

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Fee Schedule



## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		94772	Breath recording, infant	\$98.29
		94799	Pulmonary service/procedure	B.R.
		95805	Multiple sleep latency test	\$389.70
		95806	Sleep study, unattended	#
		95807	Sleep study, attended	\$269.34
		95808	Polysomnography, 1-3	\$291.14
		95810	Polysomnography, 4 or more	\$384.48
		95811	Polysomnography w/cpap	\$421.95
		95812	Eeg, 41-60 minutes	\$84.71
		95813	Eeg, over 1 hour	\$101.74
		95816	Eeg, awake and drowsy	\$76.99
		95819	Eeg, awake and asleep	\$59.95
		95822	Eeg, coma or sleep only	\$98.11
		95824	Eeg, cerebral death only	\$9.99
		95827	Eeg, all night recording	\$55.41
		95829	Surgery electrocorticogram	\$662.90
		95831	Limb muscle testing, manual	\$9.54
		95832	Hand muscle testing, manual	\$9.77
		95833	Body muscle testing, manual	\$16.35
		95834	Body muscle testing, manual	\$20.67
		95851	Range of motion measurements	\$5.68
		95852	Range of motion measurements	\$3.86
		95858	Tensilon test & myogram	\$9.99
		95860	Muscle test, one limb	\$23.39
		95861	Muscle test, 2 limbs	\$17.94
		95863	Muscle test, 3 limbs	\$22.94
		95864	Muscle test, 4 limbs	\$43.38
		95867	Muscle test cran nerv unilat	\$14.08
		95868	Muscle test cran nerve bilat	\$17.03
		95869	Muscle test, thor paraspinal	\$5.22
		95870	Muscle test, nonparaspinal	\$5.22
		95872	Muscle test, one fiber	\$14.76
		95875	Limb exercise test	\$23.85
		95900	Motor nerve conduction test	\$25.21
		95903	Motor nerve conduction test	\$21.80
		95904	Sense nerve conduction test	\$22.03
		95920	Intraop nerve test add-on	\$31.57
		95921	Autonomic nerv function test	\$9.08
		95922	Autonomic nerv function test	\$9.08
		95923	Autonomic nerv function test	\$36.34
		95925	Somatosensory testing	\$22.03
		95926	Somatosensory testing	\$22.03
		95927	Somatosensory testing	\$22.03
		95928	C motor evoked, uppr limbs	\$55.19
		95929	C motor evoked, lwr limbs	\$59.73
		95930	Visual evoked potential test	\$48.37
		95933	Blink reflex test	\$19.08
		95934	H-reflex test	\$5.22
		95936	H-reflex test	\$5.22
		95937	Neuromuscular junction test	\$8.18

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		95950	Ambulatory eeg monitoring	\$84.03
		95951	EEG monitoring/videorecord	\$861.62
		95953	EEG monitoring/computer	\$154.20
		95954	EEG monitoring/giving drugs	\$74.49
		95955	EEG during surgery	\$48.37
		95956	Eeg monitoring, cable/radio	\$333.84
		95957	EEG digital analysis	\$41.56
		95958	EEG monitoring/function test	\$42.69
		95961	Electrode stimulation, brain	\$31.57
		95962	Electrode stim, brain add-on	\$31.57
	PA	95965	Meg, spontaneous	B.R.
	PA	95966	Meg, evoked, single	B.R.
	PA	95967	Meg, evoked, each add'l	B.R.
		96000	Motion analysis, video/3d	#
		96001	Motion test w/ft press meas	#
		96002	Dynamic surface emg	#
		96003	Dynamic fine wire emg	#
		96567	Photodynamic tx, skin	#
		96910	Photochemotherapy with UV-B	\$23.62
		97001	Pt evaluation	\$38.61
		97002	Pt re-evaluation	\$19.30
		97003	Ot evaluation	\$37.70
		97004	Ot re-evaluation	#
		97005	Athletic train eval	#
		97006	Athletic train reeval	#
	LE	97010	Hot or cold packs therapy	Bundled
	LE	97012	Mechanical traction therapy	\$8.86
	LE	97014	Electric stimulation therapy	\$8.63
	LE	97016	Vasopneumatic device therapy	\$8.40
	LE	97018	Paraffin bath therapy	\$3.86
	LE	97020	Microwave therapy	\$2.95
	LE	97022	Whirlpool therapy	\$8.86
	LE	97024	Diathermy treatment	\$3.18
	LE	97026	Infrared therapy	\$2.95
	LE	97028	Ultraviolet therapy	\$3.63
	LE	97032	Electrical stimulation	\$9.54
	LE	97033	Electric current therapy	\$12.26
	LE	97034	Contrast bath therapy	\$8.40
	LE	97035	Ultrasound therapy	\$7.27
	LE	97036	Hydrotherapy	\$13.85
	LE	97039	Physical therapy treatment	\$7.04
	LE	97110	Therapeutic exercises	\$16.81
	LE	97112	Neuromuscular reeducation	\$17.71
	LE	97113	Aquatic therapy/exercises	\$19.30
	LE	97116	Gait training therapy	\$14.76
	LE	97124	Massage therapy	\$13.40
	LE	97139	Physical medicine procedure	\$9.54
	LE	97140	Manual therapy	\$15.90
	LE	97150	Group therapeutic procedures	\$10.45
		97504	Orthotic training	\$18.40

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
	LE	97520	Prosthetic training	\$16.81
	LE	97530	Therapeutic activities	\$17.71
	LE	97532	Cognitive skills development	\$14.76
	LE	97533	Sensory integration	\$15.67
	LE	97535	Self care mngment training	\$18.17
	LE	97537	Community/work reintegration	\$16.35
		97542	Wheelchair mngment training	#
		97545	Work hardening	#
		97546	Work hardening, add-on	#
		97597	Active wound care/20 cm or <	\$29.30
		97598	Active wound care > 20 cm	\$37.47
		97602	Wound(s) care non-selective	\$19.53
		97605	Neg press wound tx, < 50 cm	Bundled
		97606	Neg press wound tx, > 50 cm	Bundled
		97703	Prosthetic checkout	\$15.44
	LE	97750	Physical performance test	\$17.94
7/1/04	LE	97755	Assistive technology assess	\$20.89
		97799	Physical medicine procedure	B.R.
		97802	Medical nutrition, indiv, in	\$11.13
		97803	Med nutrition, indiv, subseq	\$11.13
		97804	Medical nutrition, group	\$4.31
		99091	Collect/review data from pt	Bundled
		0003T	Cervicography	#
	PA	0010T	Tb test, gamma interferon	B.R.
		0018T	Transcranial magnetic stimul	#
		0019T	Extracorp shock wave tx, ms	#
		0020T	Extracorp shock wave tx, ft	#
		0021T	Fetal oximetry, trnsvag/cerv	#
		0023T	Phenotype drug test, hiv 1	\$80.00
		0024T	Transcath cardiac reduction	#
		0026T	Measure remnant lipoproteins	#
		0038T	Rad endovasc taa rpr w/cover	B.R.
		0039T	Rad s/i, endovasc taa repair	B.R.
		0040T	Rad s/i, endovasc taa prosth	B.R.
		0041T	Detect ur infect agnt w/cpas	#
		0042T	Ct perfusion w/contrast, cbf	#
		0043T	Co expired gas analysis	#
		0044T	Whole body photography	#
		0045T	Whole body photography	#
		0058T	Cryopreservation, ovary tiss	#
		0059T	Cryopreservation, oocyte	#
	PA	0060T	Electrical impedance scan	B.R.
		0064T	Spectroscop eval expired gas	#
		0065T	Ocular photoscreen bilat	#
		0066T	Ct colonography;screen	#
		0067T	Ct colonography;dx	#
		0071T	U/s leiomyomata ablate <200	#
		0072T	U/s leiomyomata ablate >200	#
	PA	0081T	Endovasc visc extnsn s&i	BR
	PA	0082T	Stereotactic rad delivery	BR

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
	PA	0083T	Stereotactic rad tx mngmt	BR
		A4641	Diagnostic imaging agent	B.R.
		A4642	Satumomab pendetide per dose	\$1,440.50
		A4643	High dose contrast MRI	\$66.65
		A4644	Contrast 100-199 MGs iodine	\$0.65
		A4645	Contrast 200-299 MGs iodine	\$0.81
		A4646	Contrast 300-399 MGs iodine	\$0.94
		A4647	Supp- paramagnetic contr mat	Bundled
		A9500	Technetium TC 99m sestamibi	\$80.00
		A9502	Technetium TC99M tetrofosmin	\$108.36
		A9503	Technetium TC 99m medronate	\$30.10
		A9504	Technetium tc 99m apcitide	\$430.00
		A9505	Thallous chloride TL 201/mci	\$34.00
	PA	A9507	Indium/111 capromab pendetid	\$1,984.45
		A9508	Iobenguane sulfate I-131	\$1,032.00
		A9510	Technetium TC99m Disofenin	\$51.60
		A9511	Technetium TC 99m depreotide	\$688.00
		A9512	Technetiumtc99mpertechetate	\$12.24
		A9513	Technetium tc-99m mebrofenin	\$46.57
		A9514	Technetiumtc99mpyrophosphate	\$39.56
		A9515	Technetium tc-99m pentetate	\$25.46
		A9516	I-123 sodium iodide capsule	\$116.27
		A9517	Th I131 so iodide cap millic	B.R.
		A9519	Technetiumtc-99mmacroag albu	\$16.34
		A9520	Technetiumtc-99m sulfur clld	\$64.50
		A9521	Technetiumtc-99m exametazine	\$268.75
	PA	A9522	Indium111britumomabtioxetan	\$2,045.89
	PA	A9523	Yttrium90ibritumomabtioxetan	\$18,603.16
		A9524	Iodinated I-131 serumalbumin	B.R.
		A9526	Ammonia N-13, per dose	B.R.
		A9528	Dx I131 so iodide cap millic	B.R.
		A9529	Dx I131 so iodide sol millic	B.R.
		A9530	Th I131 so iodide sol millic	B.R.
		A9531	Dx I131 so iodide microcurie	B.R.
		A9532	I-125 serum albumin micro	B.R.
	PA	A9533	I-131 tositumomab diagnostic	\$2,322.00
	PA	A9534	I-131 tositumomab therapeut	\$20,124.00
		A9600	Strontium-89 chloride	\$872.15
		A9603	I-131 sodium iodide cap millic	B.R.
		A9605	Samarium sm153 lexdronamm	\$923.37
		A9699	Noc therapeutic radiopharm	#
		A9700	Echocardiography Contrast	B.R.
7/1/05		G0030	PET imaging prev PET single	#
7/1/05		G0031	PET imaging prev PET multiple	#
7/1/05		G0032	PET follow SPECT 78464 singl	#
7/1/05		G0033	PET follow SPECT 78464 mult	#
7/1/05		G0034	PET follow SPECT 76865 singl	#
7/1/05		G0035	PET follow SPECT 78465 mult	#
7/1/05		G0036	PET follow cornry angio sing	#
7/1/05		G0037	PET follow cornry angio mult	#

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
7/1/05		G0038	PET imaging prev PET single	#
7/1/05		G0039	PET imaging prev PET multiple	#
7/1/05		G0040	PET follow SPECT 78464 singl	#
7/1/05		G0041	PET follow SPECT 78464 mult	#
7/1/05		G0042	PET follow SPECT 76865 singl	#
7/1/05		G0043	PET follow SPECT 78465 mult	#
7/1/05		G0044	PET follow cornry angio sing	#
7/1/05		G0045	PET follow cornry angio mult	#
7/1/05		G0046	PET follow stress ECG singl	#
7/1/05		G0047	PET follow stress ECG mult	#
		G0103	Psa, total screening	\$21.07
		G0106	Colon CA screen;barium enema	\$53.82
		G0107	CA screen; fecal blood test	\$3.72
		G0120	Colon ca scrn; barium enema	\$53.82
		G0122	Colon ca scrn; barium enema	\$52.91
7/1/05		G0125	PET image pulmonary nodule	#
		G0130	Single energy x-ray study	\$19.30
7/1/05		G0143	""Scr c/v cyto,thinlayer,rescr""	\$23.21
7/1/05		G0144	""Scr c/v cyto,thinlayer,rescr""	\$24.48
7/1/05		G0145	""Scr c/v cyto,thinlayer,rescr""	\$30.35
7/1/05		G0147	""Scr c/v cyto, automated sys""	\$13.04
7/1/05		G0148	""Scr c/v cyto, autosys, rescr""	\$17.41
		G0202	Screeningmammographydigital	\$59.95
		G0204	Diagnosticmammographydigital	\$59.05
		G0206	Diagnosticmammographydigital	\$47.69
7/1/05		G0210	PET img wholebody dxlung	#
7/1/05		G0211	PET img wholbody init lung	#
7/1/05		G0212	PET img wholebod restag lung	#
7/1/05		G0213	PET img wholbody dx	#
7/1/05		G0214	PET img wholebod init	#
7/1/05		G0215	PETimg wholebod restag	#
7/1/05		G0216	PET img wholebod dx melanoma	#
7/1/05		G0217	PET img wholebod init melan	#
7/1/05		G0218	PET img wholebod restag mela	#
7/1/05		G0219	PET img wholbod melano nonco	#
7/1/05		G0220	PET img wholebod dx lymphoma	#
7/1/05		G0221	PET imag wholbod init lympho	#
7/1/05		G0222	PET imag wholbod resta lymph	#
7/1/05		G0223	PET imag wholbod reg dx head	#
7/1/05		G0224	PET imag wholbod reg ini hea	#
7/1/05		G0225	PET whol restag headneckonly	#
7/1/05		G0226	PET img wholbody dx esophagl	#
7/1/05		G0227	PET img wholbod ini esophage	#
7/1/05		G0228	PET img wholbod restg esopha	#
7/1/05		G0229	PET img metaboloc brain pres	#
7/1/05		G0230	PET myocard viability post	#
7/1/05		G0231	PET WhBD colorec; gamma cam	#
7/1/05		G0232	PET whbd lymphoma; gamma cam	#
7/1/05		G0233	PET whbd melanoma; gamma cam	#
7/1/05		G0234	PET WhBD pulm nod; gamma cam	#

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Fee Schedule

## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
7/1/05		G0235	PET not otherwise specified	#
	EPA	G0237	Therapeutic procd strg endur	#
	EPA	G0238	Oth resp proc, indiv	#
	EPA	G0239	Oth resp proc, group	#
		G0242	Multisource photon ster plan	BR
		G0243	Multisour photon stero treat	BR
		G0252	PET imaging initial dx	#
7/1/05		G0253	PET image brst dection recur	#
7/1/05		G0254	PET image brst eval to tx	#
	EPA	G0255	Current percep threshold tst	#
	EPA	G0265	Cryopresevation Freeze+stora	#
	EPA	G0266	Thawing + expansion froz cel	#
	EPA	G0275	Renal angio, cardiac cath	#
	EPA	G0278	Iliac art angio,cardiac cath	#
	EPA	G0279	Excorp shock tx, elbow epi	#
	EPA	G0280	Excorp shock tx other than	#
	EPA	G0288	Recon, CTA for surg plan	#
	EPA	G0295	Electromagnetic therapy onc	#
7/1/05		G0296	PET imge restag thyrod cance	#
		G0306	CBC/diffwbc w/o platelet	\$8.91
		G0307	CBC without platelet	\$7.41
		G0328	Fecal blood scrn immunoassay	\$18.22
		G0329	Electromagntic tx for ulcers	#
	PA	G0330	Pet imaging, initial diagnosis cervical	BR
	PA	G0331	Pet imaging restage ovarian cancer	BR
7/1/05		G0336	PET imaging brain alzheimers	#
		G0366	EKG for initial prevent exam	#
		G0367	EKG tracing for initial prev	#
		P3000	Screen pap by tech w md supv	\$14.76
		P9612	Catheterize for urine spec	\$2.46
		Q0111	Wet mounts/ w preparations	\$4.89
		Q0112	Potassium hydroxide preps	\$4.89
		Q0113	Pinworm examinations	\$6.20
		Q0114	Fern test	\$8.19
		Q0115	Post-coital mucous exam	\$11.34
		Q1001	Ntiol category 1	\$50.00
		Q1002	Ntiol category 2	\$50.00
		Q3002	Gallium ga 67	B.R.
		Q3003	Technetium tc99m bicsate	B.R.
		Q3004	Xenon xe 133	B.R.
		Q3005	Technetium tc99m mertiatide	B.R.
		Q3006	Technetium tc99m gluceptate	B.R.
		Q3007	Sodium phosphate p32	B.R.
		Q3008	Indium 111-in pentetretotide	B.R.
		Q3009	Technetium tc99m oxidronate	B.R.
		Q3010	Technetium tc99mlabeledrbcs	B.R.
		Q3011	Chromic phosphate p32	B.R.
		Q3012	Cyanocobalamin cobalt co57	B.R.
		Q3014	Telehealth facility fee	\$20.00
		S0618	Audiometry for hearing aid	#

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## Outpatient Hospital Services

Effective Date	PA	Code	Brief Description	FS Fee
		S3600	Stat lab	\$3.35
		S3625	Maternal triple screen test	#
		S3820	Comp BRCA1/BRCA2	#
		S3822	Sing mutation brst/ovar	#
		S3823	3 mutation brst/ovar	#
		S3828	Comp MLH1 gene	#
		S3829	Comp MLH2 gene	#
		S3833	Comp APC sequence	#
		S3834	Sing mutation APC	#
		S3840	DNA analysis RET-oncogene	#
		S3841	Gene test retinoblastoma	#
		S3842	Gene test Hippel-Lindau	#
		S3843	DNA analysis factor v	#
		S3844	DNA analysis deafness	#
		S3845	Gene test alpha-thalassemia	#
		S3846	Gene test beta-thalassemia	#
		S3847	Gene test Tay-Sachs	#
		S3848	Gene test Gaucher	#
		S3849	Gene test Niemann-Pick	#
		S3850	Gene test sickle cell	#
		S3851	Gene test canavan	#
		S3852	DNA analysis APOE alzheimer	#
		S3853	Gene test myo musclr dyst	#
		S3890	Fecal DNA analysis	#
		S5108	Homecare train pt 15 min	#
		S5109	Homecare train pt session	#
		S8075	CAD of digital mammogr	#
		S8990	Pt or manip for maint	#
		T1016	Case Management	\$14.11
		V2785	Corneal tissue processing	\$1,975.00

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